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ABSTRACT

This guide provides information and resources that will facilitate parents' ability to help adolescents understand human sexuality within the context of home and family values and ideals. It provides teachers with resources to facilitate the decision making process. Contents are organized within a framework of objectives and guidelines for both parents and teachers: (1) discuss responsible sexual behavior; abstinence, and fidelity; (2) recognize the impact of sexual behavior on one's goals and self-esteem; (3) develop the skills that promote principle-centered decision making; (4) discuss the physical and emotional aspects of relationships; (5) address maturation and the stages of sexual development; (6) cover the anatomy and physiology of male and female reproductive systems; (7) examine conception, fetal development, birth defects, and pregnancy risks; (8) recognize the impact of teen pregnancies on quality of life, child abuse, and lifestyle changes; and (9) discuss pornography, prostitution, sexual abuse, incest, and rape. Additional materials on male and female reproductive systems, case studies for decision making, fetal development, pregnancy, myths and facts about rape, and a self-efficacy questionnaire are included in a 40-page appendix. A glossary of terms completes the document. (LL)

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ED 364 512

A Resource Guide for

Parents and Teachers on Teaching

Human Sexuality

To prepare students for lives as responsible adults and for their potential role as parents.

To enhance the ability of students to be productive, effective, communicating members of their present and future family.

To foster the knowledge, values, attitudes, and skills that build and nurture healthy relationships.

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HIGH SCHOOL

Utah State Office of Education

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of Education

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Scott W. Bean
State Superintendent
of Public Instruction

A RESOURCE GUIDE FOR PARENTS

AND TEACHERS ON TEACHING...

HUMAN SEXUALITY

HIGH SCHOOL LEVEL

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OBJECTIVE 3 9
Develop the mindset and skills that promote responsible, principle-centered, decision making when responding to peer, media, societal, and negative family influences that encourage high-risk behavior.

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Framework & Rationale for Utah State Human Sexuality Education

INTRODUCTION

The mission of public education in Utah is "To empower each student to function effectively in society as a competent, productive, caring, and responsible citizen." This mission will best be accomplished if major emphasis is given to the individual's character development, ethical standards, and the universal principles that are the hallmark of productive, caring, and responsible individuals, families, communities, and societies. Empowering students to live principle-centered lives will increase the likelihood that they will practice healthy lifestyles, make wise choices, and otherwise take more responsibility for promoting their own well-being and the welfare of others.

Character in this context means the persistent disposition to act according to fundamental ethical/moral/spiritual principles in a variety of settings.

Principle-centered living refers to the process of consistently basing decisions and actions on the principles and standards of ethical conduct. The principles most universally accepted include: a belief in the inherent worth and potential of individuals, an appreciation of individual rights and their related responsibilities, respect for self and others, a belief in the qualities of fairness and justice, caring and compassion, personal and social responsibility, effort and excellence, personal integrity, and commitment. These endure as the basic norms and values of productive, peaceful, compassionate societies.

Parents are the primary agents in the definition and transmission of values and the building of character in our students; however, the public schools can support and enhance the efforts of parents in this significant endeavor. It is in the context of the stated mission of public education and the emphasis on character and values that this resource guide for parents and teachers has been developed for use in the presentation of the previously approved core curriculum.

The general purposes and goals of this program are:

A. To prepare students for life as responsible adults and for their potential role as parents.

B. To enhance the ability of students to be productive, effective, communicating members of their present and future family.

C. To foster the knowledge, values,

Framework & Rationale for Utah State Human Sexuality Education (continued)

attitudes, and skills that build and nurture healthy relationships.

D. To heighten awareness of the value of preparing for a future built on universal principles.

E. To instill a desire for physical, mental, ethical/moral/spiritual, and emotional well-being, and to expand the knowledge of those principles that promote and safeguard health.

F. To develop an understanding of physical, emotional, and moral development with an emphasis on the changes that occur during adolescence.

G. To develop an understanding of and a respect for the power to create life.

H. To increase appreciation and support for a premarital lifestyle committed to sexual abstinence.

I. To understand healthy sexual relationships within marriage.

J. To understand what sexual abuse is and why it is unacceptable.

K. To encourage responsible decision making rooted in universal principles.

L. To recognize the power and influence of both negative and positive messages that come from such sources as peers and the media and be able to make well-informed, responsible judgments about the nature of the message.

M. To know about the nature and availability of professional help and to understand when and how to access and use such help.

The assumptions and premises upon which these purposes and goals were based are:

A. The program is in strict compliance with established legal parameters.

B. The program is an integral part of character education. Program content and strategy include the broad set of universal principles that healthy, productive people, families, and societies embrace. These universal principles include the inherent worth and potential of individuals, individual rights and their related responsibilities, fairness, justice, caring and compassion, social responsibility, effort and excellence, personal integrity, and commitment.

C. Parents and teachers will work as closely as possible in presenting,

promoting, and reinforcing the goals of this program.

1. Parents will be given information and resources that will facilitate their ability to help their children understand human sexuality within the context of home and family values and ideals. Parent rights and options for alternative education will be clearly and readily available.
2. Teachers will facilitate student's decision making process consistent with the universal principles this program embraces.

D. Medical information about contraception will be available to parents. Information about contraception may only be provided to students who have the informed consent of their parent or guardian. To advocate the use of contraceptives is not permitted.

E. All aspects of human development will be addressed including intellectual, physical, emotional, ethical/moral/spiritual, and social.

F. Positive, responsible sexual behavior will be presented in the context of abstinence before marriage and fidelity after marriage.

G. The program will be focused on the high standards of conduct consistent with the mission of the public schools.

H. The significant factors and dynamics which most directly and strongly influence behavior will be given major emphasis. These include universal principles, values, peer influences, media, dating behavior, other social pressures, and risk behaviors.

I. Decisions and choices that teens make about themselves will be guided by universal principles, values, and ethical standards.

J. As with all other parts of the core curriculum, this program shall be subject to evaluation and study with revisions being made on the basis of the best available information.

The Curriculum Section wishes to acknowledge the contributions of persons without whose assistance *the Resource File for Teaching Human Sexuality in High School* would not have been possible.

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PARENT

For adolescents, choosing to be sexually abstinent is a positive approach to the teenage years and alleviates many problems. Sexual abstinence means not having intimate sexual relations. It offers many positive benefits for the individual, for relationships, and for society.

As people mature and marry, sexual intimacies are appropriate and contribute to a healthy relationship.

Review the advantages of remaining sexually abstinent until marriage. These advantages include:

a. Allowing time for growth and maturation — physical, emotional, ethical/moral/spiritual, and social.

b. Developing the ability to express feelings in other ways.

c. Enhancing self-esteem.

d. Preventing STDs, including HIV infection and AIDS.

e. Preventing pregnancy.

f. Developing self-control and self-mastery.

STRATEGIES

TEACHER RESOURCE

OBJECTIVE:
7150-0201

Discuss responsible sexual behavior, stressing the short- and long-term benefits of strong families, abstinence, and fidelity.

TERMS

abstinence
consequence
family
fidelity
peer
responsibility
strong

I. RESPONSIBLE DECISION MAKING

A. **Indicate** that making responsible decisions regarding one's sexuality is not always easy; but with clear thinking, a commitment to abstinence before marriage, an awareness of the pressures and pitfalls, and strong communication skills, responsible decisions can lead to responsible behavior. Indicate that responsible decisions about sexuality are based not only on goals, but take into account the feelings, needs, and values of others. For adolescents, choosing to be sexually abstinent is a positive approach to the teenage years and alleviates many problems. Sexual abstinence means not having intimate sexual relations. Postponing sexual intimacies until marriage benefits individuals, families, and societies.

II. ABSTINENCE

A. **Indicate** that there are many reasons to postpone sexual intimacy. Many young people are abstinent because of personal, religious, health, and

PARENT

Discuss ways a person can express affection for another person.

1. Make the other person feel important and respected.
2. Trust one another.
3. Be trustworthy.
4. Spend time together.
5. Find out what's special for the other person and do it.
6. Talk openly about your feelings.
7. Give compliments.
8. Tell the other person that you care.
9. Meet each other's family and friends.
10. Exercise together.
11. Go for a walk together.
12. Go on a picnic.
13. Share dreams.
14. Share a candlelight dinner.
15. Give a special present.
16. Think about one another.
17. Hold hands.
18. Tell the other person that you love him/her.
19. Give each other a hug.

STRATEGIES

TEACHER RESOURCE

moral/ethical/spiritual beliefs. Premarital abstinence is part of emotional maturity and personal integrity.

B. **Discuss** abstinence. Divide the students into small groups of four or five. Distribute butcher paper, and markers to each group. Each group should brainstorm and list reasons why premarital sexual abstinence is the wisest choice teens can make.

When the lists are complete, ask each group to discuss how they might incorporate one, two, or all of these ideas into a slogan promoting abstinence. Encourage them to sketch out a few of their ideas on paper.

C. **Discuss** the advantages of postponing intimacy until marriage. These advantages include the following:

1. Allows time for a young person to mature and develop physically, emotionally, and socially.
2. Provides opportunities for youth to acquire social skills and practice interpersonal relationships based on more than physical attraction.
3. Enhances self-esteem and respect through personal discipline and acceptance of responsibility for one's actions.
4. Allows time to acquire the attitudes, skills, and knowledge (education or training) that will contribute to career opportunities and economic stability.
5. Prevents sexually-transmitted diseases, including HIV infection and AIDS.
6. Prevents pregnancy.
7. Prepares one to make and keep commitments in marriage.

D. **Discuss** the consequences that may occur when adolescents are sexually intimate before marriage.

1. Premature demands on the physical, emotional, ethical/moral/spiritual, and social development of maturing adolescents.
2. A loss of self-esteem and self-respect, including feelings of guilt.
3. Social isolation; i.e., peer rejection.
4. Interrupted or forfeited educational opportunities.
5. Contraction of sexually-transmitted diseases, including HIV infection and AIDS.

PARENT

Share your views on how fidelity after marriage contributes to mutual trust and maintaining a strong family.

STRATEGIES

TEACHER RESOURCE

6. Pregnancy.
7. Responsibility for financial support of a child and/or family.
8. Responsibility for emotional and physical support of a child and/or family.
9. Stress on extended families.

E. **Discuss** the consequences of engaging in premarital sexual behavior. Indicate that when one makes decisions to abstain from sexual activity or to become sexually active, many outcomes must be considered. As part of the decision-making process, we should gather information about our own values, the values of the other person, and the values of our parents/guardians, peers, and religious and community leaders. Each of us should ask many questions, including:

1. In what ways will this affect my relationship with others?
2. In what ways will this affect me physically, emotionally, socially, morally/ethically/ spiritually?
3. In what ways am I ready or not ready for this type of responsibility?
4. What might be the consequences?
5. What choices do I have?
6. What are my legal, financial, moral, physical, and emotional responsibilities in the care and support of a child or family?

F. **Discuss** with students positive ways to show affection without engaging in sexual intimacy. Have students fill out a worksheet with the following three questions. This can be followed up with class discussion and sharing ideas. Compare the kind of answers males give compared to females.

1. If you were in love, how would you want the other person to express his/her love to you?
2. What actions or behaviors would make you feel that this person really cared for you?
3. How would you express your affection for the other person without being sexually intimate?

G. **Define** fidelity as being faithful and loyal to one's marriage partner, including having no other intimate sexual relationships outside of marriage.

PARENT

The three discussion questions used in the classroom (see page 3) about how one can show affection, might provide for interesting communication in the family.

STRATEGIES

TEACHER RESOURCE

H. **Discuss** how fidelity builds trust and strengthens families and the impact that fidelity has on a family.

I. **Ask** the students what characteristics they would like in their family. Emphasize that strong families have respectful, caring, and loving relationships.

PARENT

Decisions that young people make concerning their sexual activity can have a tremendous impact on their lives. Marriage, career options, social activity, and family life can be dramatically influenced by these choices. Being informed concerning sexuality and committed to abstinence before marriage helps people develop positive self-esteem and makes them more inclined to make wise choices. The choices people make directly impact their feelings of self-worth.

The following items may be used in helping set goals:

- Discuss some of your personal long- and short-term goals.
- Have your child establish realistic short- and long-term goals.
- Share how different decisions impact achieving these goals.
- Discuss your child's short- and long-term goals. How would these be impacted by sexual activity?
- Discuss the consequences of teen pregnancy.

STRATEGIES

TEACHER RESOURCE

I. IMPACT OF SEXUAL BEHAVIOR ON LIFE GOALS

OBJECTIVE: 7150-0202

Recognize the impact of sexual behavior on one's goals and self-esteem.

TERMS

goals
self-esteem

A. **Define** goals as the things people hope to accomplish in the future. Goals help to put people in charge of their lives.

B. **Discuss** some factors that might influence goals. Peers, family, principles, values, experiences, and environment are among these factors.

C. **Discuss** some keys to effective goal setting. Items to be discussed may include:

1. Set realistic goals. Young people may get discouraged because they set a goal that is impossible to reach or has an unreasonable time line.
2. Accept responsibility. Young people need to be allowed to accept responsibility for their actions, to work through problems, and to seek solutions in order to build self-esteem and to realize goals.
3. Recognize mistakes. Young people need to be willing to change goals. They need to know

PARENT

Emphasize with your child that people with high self-esteem:

a. Do not need to prove themselves to anyone.

b. Are motivated to try more things and, therefore, have more success.

c. Turn mistakes, failures, and setbacks into new challenges.

d. Enjoy more relaxed, satisfying relationships.

e. Are less judgmental and more tolerant of others.

f. Are more confident and enjoy life more.

STRATEGIES

TEACHER RESOURCE

that it is okay to change goals if you change your mind.

4. Identify principles and values. Young people need to recognize their importance in setting and prioritizing goals.

D. **Differentiate** between short-term and long-term goals.

Have the students list several personal short-term goals they have for this year. Also list long-term goals they have for the next five years. Have them write several things that must happen in order for the goals to be reached.

Discuss things that interrupt or curtail the reaching of our goals, and list on the board. Have students prioritize the list and write on their paper five things that would be most detrimental to them in trying to reach their personal goals.

Example:

Short-Term Goals:	**What Must Happen?**
Pass this semester's classes.	Study, get help (tutoring), etc.
Lose five pounds.	Exercise, cut out goodies, etc.
Have a date.	Be friendly, attract a partner, be conscious of personal appearance, etc.
Long-Term Goals:	
Graduate from high school.	Pass classes, fulfill requirements. (SAT Test, etc.).
Get a car.	Earn money, shop around.
Graduate from college.	Graduate from high school, pass classes, fulfill requirements.
Get married.	Find the right person, have a job, fall in love, etc.
Go to Europe.	Earn money, plan trip, etc.

PARENT STRATEGIES

Below are some suggestions for family discussion that will help provide an opportunity for parents to share family values.

- Discuss the effect that premarital sex can have on self-esteem.
- Discuss that even though a person has been sexually intimate before marriage, he/she can decide to abstain from further sexual intimacies until marriage.
- Discuss fidelity and the positive effect it has on marriage.

TEACHER RESOURCE

E. **Have** students identify personal short- and long-term goals. Emphasize that goals should be realistic. Instruct students to identify behaviors, values, skills, activities, etc., that will help them reach their personal goals. It may be helpful for some students to complete contracts to help them reach the goals they have set. (See Appendix pages 16-18.)

F. **Discuss** the "Facts of Life for Teenagers" (Appendix page 15). Analyze the effect these facts may have on the achievement of life goals.

II. IMPACT OF SEXUAL BEHAVIOR ON SELF-ESTEEM

A. **Define** and **discuss** the benefits of high self-esteem. The following points may be discussed:

1. Self-esteem is the value or worth you place on yourself.
2. When you value yourself, you can:
   a. Accept and like yourself (even though you may sometimes have doubts).
   b. Learn how to express your emotions in positive ways.
   c. Think more clearly and make wise decisions.
   d. Face the problems and stresses of daily living and learn to deal with them effectively.
   e. Develop self-control or self-mastery.
3. The way you see yourself has an influence on the decisions you make. Many people may not recognize different options when making decisions due to low self-esteem.
4. Goals, values, self-esteem, decisions, and behavior are all interrelated. A positive self-concept guides our decisions and behavior and encourages positive goal setting.

B. **Discuss** the influence of categorical and continuous thinking on self-esteem. Have students participate in the exercises included on Appendix pages 19-22.

C. **Self-efficacy questionnaire.** Have students complete the questionnaire. Follow up with class discussion on how a person can increase his/her confidence level in each area. (See Appendix page 23.)

PARENT

Acting responsibly is directly related to the ability to make good decisions. Throughout life, wise, principle-centered decisions are important. For adolescents, learning to recognize influences on making decisions and to set personal boundaries can set a positive foundation for young people to postpone premature sexual involvement.

STRATEGIES

TEACHER RESOURCE

I. THE NEED FOR RESPONSIBLE DECISION MAKING

OBJECTIVE: 7150-0203

Develop the mind set and skills that promote responsible, principle-centered decision making when responding to peer, media, societal, and negative family influences that encourage high-risk behaviors.

TERMS

alternatives
consequences
imitation
influence
media
mind-set
outcomes
peers
principles
refusal
rejection
responsible
thought
values

A. **Discuss** the importance of making responsible decisions.

B. **Indicate** that the teen years are times when critical decisions are made.

Young adults make decisions every day. Some decisions are more important than others.

As young people grow and mature, they will be forced to make important decisions (whether to stay in school, go to college, get a job, etc.). The consequences of their decisions impact the rest of their lives. Responsible decision making is not something that just happens. It is a process by which judgment is gained, values and skills are learned, and allows or restricts future choices and freedoms. Responsible decision makers respect themselves and others, understand universal principles, and have clarified their goals in life.

C. **Invite** students to list decisions made in a typical week. Identify whether these decisions are habitual decisions (automatic decisions that require

PARENT

Share with your child the factors that influence your decision making. What is important to you personally that helps to guide your decisions?

STRATEGIES

TEACHER RESOURCE

little thought like getting out of bed in the morning, brushing your teeth etc.); daily decisions (what to wear); or long-term decisions (those that affect goals or future choices such as staying in school). Identify a minimum of ten examples in each category. Have students evaluate the lists. Ask them what they can do if a poor decision has been made in any of the categories. Emphasize that poor decisions can be changed and need not continue to negatively impact their lives.

D. Briefly **review** the benefits of premarital abstinence. Thinking and acting responsibly is directly related to the ability to make good decisions about sexuality.

E. **Indicate** that thoughts and attitudes influence decision making. Sexual thoughts are a part of normal life. Society may provide sexually arousing input in the form of suggestive advertising, media, jokes, and pornographic materials. We have the freedom not to act or dwell on these thoughts and to use our energies in responsible and productive ways.

II. FACTORS WHICH INFLUENCE DECISION MAKING

A. **Explain** that decisions are influenced by many factors, including universal principles, personal values, thoughts, family, peers, media, society, and past experiences. These influences can be positive or negative. They tend to give young people ideas or suggestions on how to act and think. It is important for teenagers to learn to recognize the influence of different sources and to keep them in perspective when making decisions.

B. **Discuss** the following influences and how they might influence decisions that could lead to engaging in or avoiding high-risk behaviors including sexual activity.

1. **Universal Principles** are time-proven laws that pertain to human relationships. Principle-centered decision making involves recognition of such basic principles as fairness, equity, respect, responsibility, honesty, integrity, and caring — ideas that are woven into the fabric of every successful society and have

PARENT

Discuss principles and family values that should be considered when making decisions.

STRATEGIES

TEACHER RESOURCE

been proven to be effective throughout human history.

Principles provide an unchangeable core from which to act. They exist regardless of our recognition of them. They are timeless, universal, and self-validating. They do not change with differing conditions, cultures, or pressures.

Making decisions that are principle-centered empowers people to act in ways that will not be threatened by change or criticism; that will allow them to learn and to mature; to define their goals in life; assist them in achieving their goals; and to be accountable to themselves, their society, and mankind. **As it relates to sexuality, principle-centered decision making reflects a future orientation versus immediate gratification.**

2. **Values** differ from principles in that they are subjective and internal. Values often reflect the beliefs or norms of our culture, family, and personal experiences. Young people are influenced by the values of those around them.

The most basic values and attitudes, particularly regarding sexuality, are learned from families. As teens, other influences including peers, religion, media, and society begin to impact values. Often the values from these different sources are contradictory.

The teen years are a time of establishing one's own values as each person begins to question, compare, and contrast friends to family, media, and self.

Indicate ways in which values affect decisions and consequently behaviors.

a. People often behave in accordance with values they prize.

b. People feel good about decisions that are consistent with their values. People usually feel uncomfortable or guilty about decisions that are inconsistent with their values.

c. People tend to stand up for their values when their values are challenged by others. People usually do not

PARENT

The earliest and most basic information regarding sexuality comes from the family. Children and adolescents receive messages about sexuality from their families' actions and discussions throughout life. As young people begin to gain independence, parents and families can continue to provide valuable input by modeling appropriate behaviors and establishing an atmosphere that invites open communication about sexuality.

Encourage your child to discuss peer influences regarding sexual activity. Share your views on both positive and negative peer influences.

STRATEGIES

TEACHER RESOURCE

risk things that are of real value to them.

3. **The family** should provide the earliest and most basic information regarding sexuality.

   Discuss the following:

   a. Responsible, principle-centered decision making usually takes into consideration family values and guidelines. Acceptance and approval of family members, particularly parents, are generally important considerations in the decision-making process.

   b. There may be negative family influences that place children at risk. These influences are most often a form of abuse, including neglect, physical abuse, incest, or rape. These influences are indicators of severe family problems and students living in such situations should seek help from appropriate agencies. (See Appendix page 33.)

   c. Adolescents, from environments with negative family influences, sometimes choose sexual activity to meet their needs of acceptance, companionship, love, warmth, or caring without considering long-term consequences; or they may be imitating behaviors learned from abusive family members. These are signs of serious problems and should be referred to appropriate agencies for intervention and counseling.

4. **Peers** have a tremendous impact on adolescents. This influence can be extremely positive or very negative. As young adults mature, there is a tendency to move away from family influences or desires and to strive for independence and peer acceptance. Adolescent behavior is directly influenced by the peer group to which they belong and their perception of that group.

   Peers tend to influence each other in two ways. The first is through imitation. Adolescents learn behaviors by watching their peers and imitating their behavior. They want to be just like everyone else. The second way is through exclusion. If teenagers behave in certain ways (against the perceived norm), they may be rejected by the peer group.

   With regard to sexual activity, peers may influence their friends. The

PARENT

Parents need to emphasize that most young people at this age are not having sex. If young people are led to believe that everyone is "doing it," it may be more difficult to make responsible choices about sexuality. While problems do exist, many young people are making responsible decisions.

While viewing television programs with your children, take the opportunity to discuss sexual messages given. Point out instances of responsible and/or irresponsible behaviors and decisions regarding sexual activity. Discuss possible consequences of these decisions and alternative choices.

As you view TV programs with your children, discuss sexual messages given. Point out instances of responsible and/or irresponsible decisions regarding sexual activity. Discuss alternative choices and possible consequences of these decisions.

TEACHER RESOURCE

influence can be to have sex (all my friends are) or not to have sex (none of my friends are). If teens believe that all of their friends are having sex, they may choose to imitate this behavior to be more like their friends and avoid rejection by their peer group.

Students need to recognize that most young people at this age are not engaging in intimate sexual relations (having sex). They should develop a sense of what behaviors are actually present versus what they or others "think" is happening. They should not be swayed by bragging or boasting.

Discuss the ways peer influence can help them make good decisions. Advise students to associate with peers who have values and goals similar to their own. Encourage students to develop refusal skills to avoid behaviors that are not desired.

5. **Media**, including television, radio, motion pictures, and printed advertisements can have a positive or negative influence on our behavior. Public service advertisements warn us of the dangers of early, frequent, and unprotected sexual practices.

These messages are presented in the public interest and can serve to positively influence responsible sexual behavior. However, much of media programming treats sex and sexuality in a less responsible manner.

a. **Discuss** the impact of the media on one's perception of what is normal and acceptable in terms of sexuality.

b. **Discuss** the following points:

(1) Sex may be used to sell products. Many companies use sex to spark interest in a product that has little or nothing to do with sex.

(2) Sex is often used in television to enhance program ratings.

(3) Out-of-marriage sexual activity is often depicted as the accepted norm or as glamorous or exciting.

(4) Sexual relationships are often portrayed as being casual or trivial.

(5) Sexual activity is sometimes presented as recreational.

(6) Dress, body movements, and

PARENT

Parents may find it helpful to review with their children the seven points regarding the influence of the media on decision making.

Parents should be aware of movies and television programs their children are viewing and set guidelines to avoid inappropriate content.

Parents are encouraged to discuss other influences on decision making, such as the role of religion, community or society.

Parents are encouraged to discuss with their children the role of substances (alcohol and other drugs) in decision making.

STRATEGIES

TEACHER RESOURCE

language are often suggestive. Displaying sexual interest is portrayed as being mature and sophisticated.

(7) Sex-related criminal acts (rape, pornography, incest, abuse) are made to appear common and/or almost expected and without consequence.

Discuss that these ideas do not represent the norm in society. Long-term consequences and commitments are often eliminated or absent. These media messages are not realistic, yet may have a direct impact on an individual's ability to make responsible decisions about sexuality.

Have students analyze three commercials or advertisements that use sex appeal to promote their product. Recognize unnecessary and unrealistic use of "sex." Suggest alternatives.

6. **Substance use/abuse**, including alcohol and other drugs, impacts one's ability to make good decisions. Discuss the following points:

   a. Substance use may give a false sense of confidence. People take foolish risks, not recognizing the possible consequences.

   b. Some substances slow reaction time and make it impossible to escape dangerous situations.

   c. Some substances numb the portion of the brain that controls our behavior. Memory, judgment, and inhibitions are impaired.

   d. Interpersonal relationships are often disturbed or even destroyed by decisions made while using / abusing substances.

7. **Other influences:** Teachers may wish to discuss other influences on decision making such as the role of religion, community, or society.

III. MAKING RESPONSIBLE, PRINCIPLE-CENTERED DECISIONS

A. **Discuss** ways decisions are made and explore the advantages or disadvantages of each.

   1. Acting impulsively, without thinking, letting emotions or feelings control or dictate decisions.

PARENT

By rehearsing the sequential process of decision making and refusal skills, young people can gain the ability to make responsible decisions that will positively impact their lives and the society in which they live.

Review the decision-making process. Encourage your child to apply these steps in making personal decisions.

STRATEGIES

TEACHER RESOURCE

2. Avoiding or failing to make a decision. Not deciding is a decision.
3. Procrastination, putting off making a decision.
4. Letting others make your decisions.
5. Making the same decisions as your friends, without thinking what is best for you.
6. Seeking advice from a trusted peer or adult before making your own decision.
7. Gathering information, considering your options, and evaluating potential choices before deciding.
8. Considering the consequences of potential decisions (both long- and short-term).

B. **Discuss** the steps to responsible decision making.

1. **Define the problem.** It is often helpful to define problems in personal terms such as:

   What if I . . . ?

   What can I. . . ?

   How should I . . . ?

   How will I. . . ?

2. **Gather information.** Find possible choices or solutions. Young people often lack information they need to make informed decisions about sexuality. They may have a difficult time obtaining the information they need due to embarrassment or not knowing who they can go to for reliable information; or they may have requests for information from adults denied because they are "too young." Talking with other people or finding reliable written information may help teenagers to recognize alternatives they may not have considered on their own.

   It is important to point out that there is usually more than one solution to a problem or decision. Students need to be encouraged to list several options, even though some may not seem appropriate at the time.

3. **Define** principles and values. List principles and personal, parental, and societal values which may affect a decision.
4. **Evaluate** the potential choices/ alternatives. For each alternative

PARENT

Discuss some personal or family decisions that involve your child.

Practice applying these steps in making personal or family decisions.

Share your views on personal rights and responsibilities. Emphasize that recognizing and protecting these will assist young people in refusing inappropriate behaviors.

STRATEGIES

TEACHER RESOURCE

or choice, list the possible negative and positive consequences. Few choices are all good or all bad. Be sure to consider the short- and long-term effects of each potential choice for yourself and for the people you care about.

5. **Make a decision.** Based on the information gathered and the consequences associated with each alternative, choose what you judge to be the best solution.
6. **Evaluate your decision.** Was your decision a good one? You can usually change your mind and make a new decision if necessary.

   Indicate that proper evaluation of a decision is a critical part of the decision-making process. Recognizing when a poor decision has been made and taking steps to correct that mistake shows maturity and responsibility.

C. **Discuss** personal commitment and refusal skills.

1. **Discuss** that making decisions often means identifying your commitment and refusing certain offers or behaviors. Refusal skills help us avoid behaviors in which we may feel pressured to engage.
2. **Explain** that refusing to participate in certain behaviors expresses personal rights and responsibilities. Personal rights include:
   a. Saying "no" without feeling guilty.
   b. Making decisions based on one's values and what is best for the individual and others.
   c. Expressing feelings honestly.
   d. Being specific about what is important to the individual.
   e. Seeking more information when it is needed.
   f. Changing decisions when necessary.
3. **Personal responsibilities include:**
   a. Treating people with respect.
   b. Considering principles.
   c. Considering values.
   d. Accepting with courtesy another person's refusal.
   e. Not manipulating or "using"

PARENT STRATEGIES

Discuss assertiveness with your child. Assertive communication is an extremely valuable skill to have when refusing offers or behaviors. (See Objective #4.)

TEACHER RESOURCE

others.

f. Not allowing others to manipulate or "use" you.

4. **Discuss** refusal skills:
   a. Ask questions such as "What are we going to do? Who will be there?"
   b. Name the trouble. "That is stealing." "That is vandalism." "That is irresponsible."
   c. Identify the consequences. "If I do that ..."
   d. Suggest alternatives. "Instead, why don't we..."
   e. Move away. Give others the option to change their minds. "If you change your mind..."

(Developed by Roberts, Fitzmahan & Associates CHEF)

V. PRACTICING RESPONSIBLE, PRINCIPLE-CENTERED DECISION MAKING

Practice the decision-making process by using the Case Studies for Decision-Making Worksheet. (See Appendix pages 13-14.) It is suggested that you begin by using less threatening case studies to familiarize students with using the decision-making model. When students are comfortable with the process, have them begin to apply the skills to more difficult situations.

Responsible decision-making is not something that just happens. Students need to develop the skills necessary to say "No."

PARENT

The concepts discussed in the classroom about friendship are designed to help students understand the importance of true friends. Parents may choose to discuss these questions with their children.

STRATEGIES

TEACHER RESOURCE

OBJECTIVE 7150-0204

Discuss the physical and emotional aspects of relationships and the impact they have on friendship, infatuation, dating, love, the family, and marriage.

TERMS

aggressive
assertive
commitment
dating
friendship
infatuation
interpersonal skills
love
marriage
nonassertive/passive
relationships
respect
trust
trustworthiness

I. FRIENDSHIP

A. **Discuss** the importance of having friends. Friendships are relationships which require consideration of both parties and their individual needs.

B. **Brainstorm** responses to the statement: "True friends are..." List the responses on the board and discuss the role friends play in our lives.

C. **Identify** behaviors and attitudes that can damage friendships. Do the things that promote or damage friendships also influence other relationships such as dating, going steady, and marriage?

D. **Explore** the dynamics of friendships. Give groups of 4 to 6 students the challenge of formulating a response to one of the situations listed below: (A group leader should present the group's responses to the class).

1. If my friend wanted me to skip school, I would...
2. If I knew my friend had used drugs, and someone else asked about it, I would...
3. If a friend lied to me and I knew

PARENT

Practice some simple keys to effective communication and character development that will assist individuals in enhancing relationships. The following procedures may help facilitate effective communication.

EFFECTIVE DISCUSSION TECHNIQUES

a. Choose a time when everyone is relaxed so all parties will be able to talk openly and honestly.

b. Identify the topic of concern. Make sure all parties have an understanding of the topic. For the purpose of discussion, topics might include group dating, double dating, single dating, or going steady.

c. Use plain language.

d. Use a tone of voice and words that show acceptance. This demonstrates respect and caring.

e. Come up with a variety of solutions to a problem.

f. Evaluate the pros and cons of each proposed solution.

g. Give solutions time to work.

STRATEGIES

TEACHER RESOURCE

it, I would...

4. If one friend made fun of another friend, I would...
5. If my friends wanted me to stay out later than my parents wanted me to, I would...
6. If my friend promised to come over to my house and did not show up, I would...
7. If my friend was always late, I would...
8. If my friend got mad when I spent time with other people, I would...

II. CHARACTER DEVELOPMENT

A. **Discuss** what is meant by character and how a person's character provides a foundation for establishing healthy relationships.

B. **Identify** character traits such as integrity, honesty, trustworthiness, etc., and how these influence relationships.

III. COMMUNICATION

A. **Discuss** the role communication plays in effective relationships. Describe the difference between passive, aggressive, and assertive communication.

1. **Passive** communication occurs when people do not verbally express their own feelings, needs, and ideas. The passive communicator tends to allow others to make decisions.
2. **Aggressive** communication happens when individuals express their feelings, needs, and opinions at the expense of others.
3. **Assertive** communication occurs when a person expresses his/her opinion in a way that does not violate the feelings of others, but guarantees that their own needs will be met.

B. **Discuss** communication as a key to good relationships. All parties need to talk openly and honestly. The following procedures may help facilitate effective communication:

1. Choose a time when everyone is relaxed.
2. Identify the topic of concern.

PARENT

EFFECTIVE LISTENING SKILLS

Sixty to seventy percent (60-70%) of communication is listening, not talking. Your role as a listener may be more important than your role as a speaker. Effective listening takes practice and will do a great deal to enhance your communication skills. Some keys to effective listening are listed below:

a. Keep eye contact as you listen.

b. Concentrate on what people are saying.

c. Eliminate distractions.

d. Carry on just one conversation at a time.

e. Show interest.

f. Listen for the main point.

g. Listen for feelings as well as words.

(Continued page 22)

STRATEGIES

TEACHER RESOURCE

Make sure all parties have an understanding of the topic. For the purpose of discussion, topics might include group dating, double dating, single dating, or going steady.

3. Use plain language.
4. Come up with a variety of solutions to a problem.
5. Evaluate the pros and cons of each proposed solution.
6. Give solutions time to work.

C. **Challenge** students to listen to people's interactions for a day and write examples of passive, assertive, and aggressive communications on 3" x 5" cards. The next day, collect the cards and discuss the examples. Have students suggest ways that aggressive and passive examples could be modified to become assertive.

D. **Discuss** or role-play the following situations. This activity is done as a test of assertive, passive, and aggressive behavior in different situations. These situations could also be used without the choices of behaviors listed. Students would then determine their own reaction to each situation.

Note to the teacher:

The * indicates the most appropriate answer/or the best of these three choices. If students do not pick the appropriate answer, bring the discussion to a close by discussing the appropriate choice or behavior.

1. You have just returned from a school party. It is 3 o'clock in the morning and your parent(s) have been frantic and concerned because you were expected to be home by midnight.
   a. You quietly listen to your parent's concerns but offer no explanation.
   *b. You listen to their concerns and try to understand their point of view. Then quietly, with control, explain the reason you are late.
   c. You yell at them and tell them that they do not understand and you run to your room.
2. You have made a mistake on a project assigned by the teacher. Your teacher has discovered it and is letting you know rather harshly that you should not have been so careless.

PARENT

h. Be sensitive.

i. "Hear" nonverbal expressions.

j. Listen for silence and tone of voice.

k. Wait until the person has finished talking before you respond.

l. Ask questions.

m. Avoid judgmental or closed responses.

The teacher may practice role-playing the scenarios on assertiveness in the classroom. Parents may wish to discuss these situations or develop some "real life" situations applicable to their family life.

STRATEGIES

TEACHER RESOURCE

a. You get angry and say that the teacher has no business criticizing your work. You tell the teacher to leave you alone because you can handle your own work.

b. You apologize meekly, say you are sorry, you were stupid, and you'll never let it happen again.

*c. You agree you made a mistake, say you are sorry and will be more careful next time. Acknowledge that the teacher is upset, but add that you feel he/she was rather harsh in critizing you.

3. At a party where you don't know anyone except the person giving the party, you want to circulate and get to know others. You walk up to three people talking and:

*a. You wait for a pause in the conversation then introduce yourself and ask if you may join in.

b. You stand close to them and smile but say nothing, waiting for them to notice you.

c. You listen to the subject they are talking about, then break in and state you disagree with someone's viewpoint.

4. The person you are dating invites you over for the evening. There are no adults at home and the two of you are alone. You are kissing and things start getting out of hand. You want to wait until marriage to have sexual relationships, but your partner suggests you have sex right now.

a. You get upset, raise your voice, and proceed to tell your partner what a "reject" he/she is for even suggesting such a thing.

*b. You move away from your partner (to another chair) and explain how you feel about premarital sex and that you do not want to be involved sexually at this time.

c. You submit to his/her request and feel guilty during and after the experience.

5. The following situations can be role-played or used as a work sheet. Have students write their own ideas of the kinds of responses that could be considered passive, assertive, and aggressive behavior (similar to the previous four scenes). You can

PARENT

ENHANCING DIALOGUE

It is also helpful to choose language that encourages the speaker and invites open dialogue. Some examples are:

Good	Really
You don't say	I agree
That's right	You did
I see	You seem to like
Thanks for	Exactly
Good idea	Please
Wow	Okay
Great	Terrific
I like that	Would you help
Very clever	Excellent
Good work	I understand

Words to use as "door openers":

Tell me about it.
I would like to hear about it.
It sounds like you've got troubles.
This seems pretty important to you.
Tell me the whole story.
Tell me more, please.
Do you want to talk about it?
Let's discuss it.
Let's hear your side.

STRATEGIES

TEACHER RESOURCE

create other scenarios specifically related to relationships, dating, sexuality, and marriage.

a. A person calls on the phone—someone you are not especially fond of. You feel you don't have the time or the inclination to talk on the phone.

b. A friend asks to borrow something that means a great deal to you. You would rather not lend it.

c. You are with a group of your friends who are standing around gossiping about (bad mouthing) a new student in your first period class. You have talked with the new student several times and find him/her to be a very nice person whom you believe would make a good friend.

d. As you leave a store after purchasing some items, you discover that you have been shortchanged by 70 cents.

e. At the hair salon, the stylist just finished cutting your hair and turns the chair toward the mirror so you can inspect the job. You feel that you would like the sides trimmed more.

IV. DATING

A. **Explore** the concept of dating by having students share their impressions of what a date is, what rules should govern dating, and the different types of dates (having friends over, groups, double dating, couples). Dating is an extension of friendship in which social activities and time with another person are the primary objectives. Dating enables people to understand themselves better and to learn social skills. Partners become conscious of traits in themselves that are pleasing to others and of qualities in others that are personally attractive.

B. **Discuss** the hazards of early dating. Students who begin dating early are more likely to become sexually active at earlier ages.

C. **Brainstorm** fun, legal, healthy, and safe dating ideas.

D. **Identify** responsible dating choices. Activities should be fun and varied. Set standards related to:

1. Whom to date and why.
2. What time you should be in.
3. What places are acceptable for

PARENT

Discuss your family dating guidelines. Set standards related to:

- Whom to date and why.
- Appropriate age to begin dating.
- Family curfew.
- Places that are acceptable for dates.
- Single or group dates.

The seven qualities discussed in the classroom have application in all types of relationships, not just dating. These qualities may provide guidelines for family relationships.

STRATEGIES

TEACHER RESOURCE

dates.

4. Which dates should be single or group.

E. **Discuss** the qualities you can bring to a relationship. What qualities are you looking for in a partner? Qualities that enhance a positive relationship include:

1. **Respect**: Acknowledging the value and worth of another person's opinions and ideas. Self-respect is the beginning of respect for others.
2. **Communication**: Rather than making assumptions about the thoughts and feelings of another person, there should be an open channel for questions and answers. Listening is as important as talking.
3. **Adaptability**: Willingness to adapt and adjust in the spirit of compromise as long as the result is mutually positive and does not compromise personal standards.
4. **Commitment**: An effective relationship with another person operates on the principle of working together. Commitment is a conscious effort to ensure the success of a relationship. A mutually committed relationship can withstand stress, conflict, and life's ups and downs.
5. **Independence**: Responsible behavior includes the need to follow an independent and wise course. Saying no and making decisions for yourself is a behavior required to become an independent adult. The following skills are evidence of adult behavior:
   a. Give reasons for saying no.
   b. Use your actions to reinforce what you say.
   c. Provide alternatives.
   d. Take action that demonstrates commitment to standards.
6. **Trust**: The ability to depend on the integrity and character of another person.
7. **Fidelity**: Adherence to the contract of marriage. Being faithful and loyal to one's marriage partner.

E. **Discuss** responsible ways to end a dating relationship.

1. Be honest about the reason for

PARENT

Research indicates that adolescents who begin dating at an early age, or who steadily date the same person, tend to be sexually active earlier as compared to adolescents who don't date or go steady at an early age.

STRATEGIES

TEACHER RESOURCE

ending a relationship.

2. Never gossip or make cruel remarks about former dating partners.
3. If you feel hurt or rejected, stay involved in your usual activities. Rely on friends and family for support.
4. Look for new friends.

F. **Use** group discussion to explore students' feelings about "setting limits" in dating situations. List reasons for supporting or rejecting each statement. Compare and contrast group responses.

1. Girls use boys to go to certain places and to get certain gifts.
2. Sex is the only thing boys think about on dates.
3. Kissing on a first date is a mistake.
4. A boy's reputation is improved by setting limits on a date.
5. There is something wrong with a girl who sets limits on a date.
6. Males and females should have different standards of behavior.
7. The older you are, the less important it is to have limits.

G. **Draw** a long line on the board. At one end of the line place the word "boys," and at the other end place the word "girls." Place the word "mutual" in the middle.

Have volunteers stand at a point along this continuum representing whether they feel that a given issue is the responsibility of a boy or a girl.

Note to the teacher:

Adapt the topics below to the sophistication of your class. Caution against sharing personal details and information.

Whose responsibility is it to:

1. Ask for the first date?
2. Set time limits for dates?
3. Pay for a date?
4. Initiate holding hands?
5. Initiate the first kiss?
6. Set limits?
7. Say "No"?
8. Talk about values?
9. Talk about life goals?

H. **Discuss** the negative implication of drug and alcohol use during dating.

PARENT

The stages people go through from a simple crush to mature love are universal experiences. It may be very helpful to share some of your experiences with your children. This may help them better understand what they are going through.

STRATEGIES

TEACHER RESOURCE

I. **Discuss** going steady.

1. Define going steady as the desire of two persons to date each other exclusively. Indicate that going steady involves a higher level of commitment than dating.
2. Discuss the dangers of early, steady dating.

V. LOVE

A. **Discuss** mature love as the basis on which sound marriages are built. Differentiate among the terms below.

1. **Crush**: The first feeling of love that boys and girls have. When you have a crush on someone, you admire the person from a distance. The other person is often older and may be a movie star, singer, or athlete. You do not want to know anything negative about the person. First crushes usually occur around 9-11 years of age.
2. **Infatuation**: An intense, short-lived emotional type of love that is usually based on physical attraction. People from teens to adults can experience infatuation. The phrases "love at first sight" and "being wild about someone," describe the idealized situation in which the object of one's affection has no negative qualities. Infatuation may lead to a more realistic relationship over time.
3. **Jealousy**: A feeling of resentment based on the impression that someone else may have an appeal to the person you love. Jealousy may indicate a lack of trust that may or may not be based on fact. Jealousy may be related to personal feelings of inadequacy, selfishness, or conceit, or may indeed be justified.
4. **Mature love**: Acceptance and concern for another individual. It is characterized as putting someone else's happiness and well-being on the same or higher level than your own.

B. **List** specific characteristics of infatuation.

1. Possessiveness.
2. Physical attraction.
3. Inconsistent behavior.
4. Short duration.

C. **List** specific characteristics of

PARENT

The goals people have should play a critical role in their choice of a marriage partner. This is discussed in the classroom, but parents have a far more important impact on their children. It is suggested that parents take an opportunity to discuss choosing a partner.

An interesting activity parents may choose to do would be to have children help with the family budget. Having kids actually attempt to "make ends meet" may be a good eye opener.

STRATEGIES

TEACHER RESOURCE

mature love.

1. Friendship.
2. Personality attraction.
3. Shared interests.
4. Encouragement to grow.
5. Commitment.
6. Shared values.

VI. THE MATE SELECTION PROCESS

A. **Emphasize** that prior to selecting a mate, students should accept each other's values and set goals. For example:

1. Views on having children and parenting.
2. Friends and family.
3. Views on religion.
4. Career plans.
5. Financial planning.
6. Leisure time.
7. Housekeeping standards and expectations.

Suppose a couple's combined monthly income (after taxes) is $1,500. Listed below is a possible budget breakdown. How would you change it?

Rent	$450.00
Light and heat	125.00
Garbage and water	27.00
Food (including eating out)	300.00
Entertainment	70.00
Gasoline	100.00
Car insurance	55.00
Life insurance	15.00
Health insurance	58.00
Savings	130.00
Telephone	30.00
Clothes	40.00
Charitable contributions	100.00
Miscellaneous	6.00
Total	$1,506.00

Discuss how this budget would need to be changed if there were only one income (single parent, loss of job, etc.). What would have to be altered/eliminated?

B. **Define** engagement as the time period between a couple's decision to marry and the wedding. This is the culmination of the formal dating process. The purpose of an engagement period is to get better acquainted with one another's families and friends.

C. **Brainstorm** personality characteris-

PARENT STRATEGIES

Take an opportunity to discuss some of the reasons for marriage.

Personal experiences or examples may provide for an interesting and rewarding dialogue.

Discuss the attractions of marriage. Factors may include:

- Companionship
- Emotional security
- Sexual satisfaction
- Improved self-esteem
- Financial security
- Starting a family

TEACHER RESOURCE

tics which should be scrutinized before and during the engagement. List these on the chalkboard. Emphasize the things that an individual can offer to a relationship. Have students select those characteristics that best describe the characteristics they would like a date to have. Then based on this list, have each student decide which of these qualities they want a marriage partner to have. Culminate the activity by drawing up a marriage contract for a future spouse. Include details right down to washing dishes and changing diapers.

VII. MARRIAGE

A. **Define** marriage as the most committed male-female relationship. It is also a legal contract held together by bonds of intimacy and sharing.

B. **Discuss** the following reasons for marriage such as love and trust.

1. **Mature Love**: Leads to acceptance and concern for a partner that can lead to a life-long relationship based on mutual commitment.
2. **Companionship**: The marriage partner can be a constant, close friend.
3. **Security**: The presence and support of a loved one can be an emotionally reassuring factor in a marriage. No matter what happens at work or elsewhere, one can count on a marriage partner.
4. **Getting Away From Home**: It may be dangerous to think of getting married to escape problems at home. Think about this reason seriously.
5. **Conforming**: "Everybody does it." This is not a motive that logically contributes to a happy marriage.
6. **Getting Even**: A breakup in a marriage can lead to a rebound marriage. Such marriages have little chance of succeeding.
7. **Pregnancy**: An unplanned pregnancy can lead to marriage. This situation may be a loveless union that promotes hostility and resentment.
8. **Sexual Intimacy**: Marriage is a recognized institution for closeness and sharing of self.
9. **Family**: Healthy environment

PARENT

STRATEGIES

TEACHER RESOURCE

for creating a family unit.

Have students review and evaluate the elements on pages 23-24 (respect, communication, adaptability, commitment, independence, and trust) and discuss the importance of these elements in a marriage. The more education and work experience each partner has, the more likely the marriage will have for success.

PARENT

The maturation process and the accompanying emotional or social changes experienced can be very dramatic. Information about what is happening to adolescents and what they might expect during this stage of development will help them through this trying time.

Discuss with your child the physical changes that occur during adolescence. It is important to stress that everyone grows and matures at a different rate. There is no specific age at which any physical change takes place. Students are often uncomfortable with or unsure of their own development. Reassuring your children that they are unique and will develop according to their own time table will assist them in maintaining a healthy attitude and respect for their own body.

STRATEGIES

TEACHER RESOURCE

OBJECTIVE 7150-0205

Discuss maturation and the stages of sexual development throughout the life cycle.

TERMS

adolescence
bisexual
heterosexual
homosexual
maturation
puberty

I. PUBERTY

A. **Define** puberty as a time when the body reaches reproductive maturity. This process usually begins between the ages of 8 and 14 but may last several years.

B. **Indicate** that puberty generally occurs sooner in girls than boys. Puberty in girls is triggered by the hormones estrogen and progesterone. Puberty in boys is triggered by the hormone testosterone.

1. Puberty events in females are as follows:

   a. **Growth spurt.** Growth starts and ends earlier in girls than in boys. This growth spurt signals that a girl's menstrual cycle will begin in six months to one year. The growth of the trunk is delayed by one year in comparison to the arms and legs, so limbs appear awkward. Girls who experience their growth spurt earlier or later than others may need reassurance.

   b. **Development of breasts.** Breast development continues

PARENT

PUBERTY EVENTS
IN FEMALES

Ages 8-11 Hormones signal reproductive organs to begin growing.

Ages 9-15 Breast size increases. Body fat increases and the body becomes rounder in shape. Normal vaginal discharge begins. Activity of sweat glands increases. Skin oils increase; acne may occur. Vagina, labia, and clitoris become larger.

Ages 10-16 Nipples grow. Pubic and axillary (underarm) hair grows. Ovaries may begin to release mature eggs that can be fertilized. Menarche (first menstrual period) occurs. Enlargement of uterus occurs.

Ages 12-19 Breast development is completed. Voice may deepen. Menstrual periods become more regular.

STRATEGIES

TEACHER RESOURCE

for several years. Girls are often self-conscious and embarrassed, especially if (as commonly happens) one breast develops faster than the other.

c. **Pubic hair.** Pubic hair begins to grow at about the same time the growth spurt occurs.

d. **Underarm and coarser body hair.** This generally appears two years after pubic hair.

e. **Menstruation.** The beginning of menstruation is called menarche. The first menstrual period usually occurs two years after breast development begins. Many people think this occurs at the beginning of puberty, but it is actually one of the later events. First cycles may be irregular, but girls may become pregnant any time after (and just prior to) the first menstrual period. Girls need to practice good hygiene by bathing each day of their cycle and changing pads or tampons frequently.

NOTE:

The order of puberty events may vary. The different steps or stages of development may not be as distinct or easily recognized as this list would indicate. Some changes may be so slight that they are unnoticed.

1. Puberty events in males.

   a. **Growth of reproductive organs.** Enlargement of the penis, testes (testicles), and scrotum occurs. Sperm production will begin at this time and will generally continue throughout life.

   b. **Growth spurt.** Arms, legs, and penis grow. A boy typically experiences three to five inches of growth in height within a year's time. The growth of the trunk is delayed by approximately one year in comparison to the arms and legs, so limbs appear lanky and awkward. The voice begins to deepen as a result of internal growth of the larynx (voice box). Boys who experience their growth spurt later than others may need reassurance that their bodies will develop.

PARENT

PUBERTY EVENTS IN MALES

Ages 9-15 Testicles begin to grow. Scrotum skin becomes red and coarse. Height increases. Muscle mass increases. Straight pubic hairs appear.

Ages 11-16 Penis grows longer. Pubic hair spreads and becomes coarser. Height increases. Shoulders broaden; hips narrow. Larynx enlarges; voice begins to deepen.

Ages 11-17 Penis circumference increases. Growth of underarm and facial hair occurs. (Shaving may become necessary.) Prostate gland and seminal vesicles become functional. First ejaculation occurs. 50% of boys have breast enlargement which decrease in 1 or 2 years. Skin oils increase; acne may occur.

Ages 14-18 Adult height is reached. Genitals achieve adult shape and size. Pubic hair spreads on thighs and stomach; chest hair is present. Facial hair reaches full growth.

STRATEGIES

TEACHER RESOURCE

c. **Pubic hair.** Long strands of straight pubic hair appear at the base of the penis, then spread over the scrotum and up the abdomen. In time, this hair becomes more coarse.

d. **First ejaculation.** This occurs about one year after puberty begins. This indicates that a boy is producing sperm and he is capable of reproduction.

e. **Underarm and coarser body hair.** This generally appears two years after pubic hair.

f. **Facial hair and voice.** The beard develops and the voice deepens. These indicators of sexual maturity are usually the last changes to appear.

NOTE:

This order of puberty may vary. The different steps or stages of development may not be as distinct or easily recognized as this list would indicate. Some changes may be so slight that they are unnoticed.

C. **Discuss** the following emotional and social implications of puberty:

1. Young people may feel clumsy or awkward as their bodies grow and change rapidly.
2. Young people may feel embarrassed about development of genitals and breasts, about acne, or body odor.
3. Young people may want to try out more adult roles and behaviors since they are becoming more mature physically.
4. Parents and other adults may expect youth to act more like adults and may treat them as if they were adults. However, youth may feel unprepared for adult responsibilities.

D. **Define** adolescence as the time between the start of puberty and

PARENT

Discuss with your children the difference between being physically mature and capable of reproduction and being emotionally mature and able to care for a child.

STRATEGIES

TEACHER RESOURCE

adulthood. Explain the following points:

1. Puberty ends when an adolescent is sexually mature. Girls are sexually mature when they start menstruating. Boys are sexually mature when the testes produce sperm.
2. Sexually mature people can reproduce. Sexually mature girls can have babies and become mothers. Sexually mature boys can impregnate females and become fathers.
3. While adolescents are sexually mature when puberty ends, they are rarely, if ever, emotionally or socially mature as long as they are adolescents.
4. Adolescents need time to grow and understand their feelings. They need to learn that they are responsible for themselves and their relationships with others.
5. Physical growth and development continue during adolescence.
6. Adolescence is an important time for social and emotional development. Hormones play a major role in influencing emotions.

PARENT

Discuss menstruation with your child. Special concerns may include hygiene, choice of personal products, selection of clothing, physical discomfort, etc.

Puberty is governed by hormones and is an ongoing process rather than a particular point in time. Maturation depends upon many factors, consequently the onset of puberty varies from individual to individual.

Share your memories of puberty including changes you experienced and the emotions involved with those changes.

STRATEGIES

TEACHER RESOURCE

II. ROLE PERCEPTIONS

A. **Discuss** that teens are in the process of learning to become adults. Their attitudes and beliefs change rapidly as they develop. A large part of the learning of the teen years has to do with gender roles (what it means to be male or female).

The rapid changes in recent years in the roles of males and females can create confusion. There are many new choices open to both females and males.

Traditionally, males have been expected to show their "masculinity" by being aggressive, active, brave, and not crying; females were expected to show their "femininity" by being passive, pleasing to others, dainty, and emotional.

Expectations based on gender are changing in many segments of society. However, different convictions and beliefs that people may hold still influence their behavior.

B. **Define** gender roles. A role is a pattern of behavior. Gender role stereotypes are a set of rigid ideas about how males and females should behave. Discuss how gender role stereotyping may help or hinder personality development and influence professional goals.

C. **Discuss** in small groups the advantages and disadvantages of gender role stereotyping, which gender roles are justified in today's society, and which are not, and why. Use the list above and other situations suggested by the class. Have students make a list of gender role stereotypes that they would like or dislike in a dating or marriage relationship. The following questions will elicit responses:

1. What are the gender role stereotypes for your gender that you would choose to keep and exhibit? Which ones would you like to avoid? Why?
2. What gender role stereotypes would you like or not like an individual of the opposite sex to have? Why?
3. What are two or three gender role stereotype behaviors of your own gender that you could most accept in an individual of the opposite sex? Why?

PARENT

The attitudes of many men and women are changing. Both genders are now beginning to do things that have traditionally been thought of as "male" or "female."

Discuss your views about gender roles. What do you see as advantages and disadvantages of being male or female?

Some discussion ideas might include: career choice, education, housework, parent roles, and sports participation.

STRATEGIES

TEACHER RESOURCE

D. **Utilize** the following incomplete sentences for class discussion:

1. Being a woman/man makes me feel...
2. If I were the opposite gender, my life would be different because...
3. In ten years, I will probably spend most of my time...
4. In this society, males are responsible for...
5. In this society, females are responsible for...
6. Having to support a family is . . .
7. The one thing that I would like to change about being a male/female is...
8. Boys who wear earrings are...
9. Girls who ask boys out are...
10. Boys who cry are...
11. Boys who like to cook are...
12. Girls who are athletic are...

E. **Have** the students complete work sheets on role perceptions, "Who Does What?" (Appendix page 10) and "Male and Female Roles." (Appendix page 11)

F. **During** the teenage years, most people naturally develop an attraction to members of the opposite sex. The majority of people are heterosexual and prefer to love and have sexual relationships with a person of the opposite sex. Some people become sexually attracted to people of their own sex, which is known as homosexuality. Men who are sexually attracted to other men are often referred to as "gay." Women who are sexually attracted to other women are often called "gay" or "lesbian." Some people may be sexually attracted to both men and women. These people are referred to as "bisexual."

Since different religious and family teachings offer various views of sexuality, it is important that young people discuss this issue with parent(s) or clergy.

PARENT

A very careful definition of homosexuality has been prepared for teachers to use. According to policy, teachers do not promote homosexuality as a desirable lifestyle. Teachers also do not try to create biases against people who are homosexual.

The teacher resource section does not discuss the morality of homosexuality. Parents may choose to talk to their children about this sensitive issue and put it in the perspective of their family values.

STRATEGIES

TEACHER RESOURCE

Some teenagers who have close caring relationships with members of their own sex may wonder if they are homosexual. Close, warm friendships are normal and do not indicate a sexual lifestyle. In addition, homosexuality is not determined or indicated by one's physical appearance, style of dress, hobbies, or interests. Each of us may come in contact with homosexual individuals without ever being aware of it.

People with multiple partners, whether they are homosexual, heterosexual, or bisexual are at high risk for HIV infection and AIDS and other sexually-transmitted diseases.

PARENT

Although a factual understanding of the human reproductive systems cannot be the only ingredient in the teaching of human sexuality, a healthy respect for human sexuality is dependent in part upon a factual understanding of anatomy, physiology, and the growth and development of the reproductive systems.

Review the physiology and anatomy of the male and female reproductive systems. Use appropriate terms when discussing reproductive anatomy. A glossary of terminology is provided at the back of this resource file.

STRATEGIES

TEACHER RESOURCE

OBJECTIVE 7150-0206

Discuss the anatomy and physiology of the male and female reproductive systems.

TERMS

adolescence
anatomy
ejaculation
erection
fertilization (conception)
genitals
gonads
hormones
menstruation
nocturnal emissions
ovum (ova)
puberty
sexual intercourse
sperm

I. INTRODUCTION

A. **Introduce** this topic in the context of having accurate information about the parts and functions of the male and female reproductive systems.

In addition to the anatomic and physiological background which this section discusses, the interaction of the whole person should be emphasized.

1. Define anatomy (parts).
2. Define physiology (functions).
3. Explain why correct biological terminology is important.

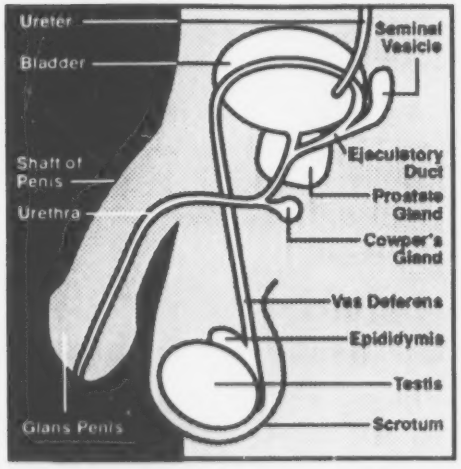
B. **Discuss** the interaction of the reproductive system and the brain. Both are...

1. Involved in the reproductive process.
2. Integrally involved with sexuality.
3. Influences sex drive (libido) and behavior.

The hypothalamus or midbrain regulates the pituitary gland by a complex feedback system. The pituitary gland (master gland of the

PARENT

DIAGRAM OF MALE REPRODUCTIVE ORGANS



Discuss proper hygiene and health care for the male and female reproductive systems. Include information about types of physicians, appropriate timing of medical examinations, and proper self-examination. (See Appendix pages 4 through 7.)

STRATEGIES

TEACHER RESOURCE

body) secretes hormones which regulate the gonads (testicles and ovaries) and their production of sex hormones.

II. MALE REPRODUCTIVE SYSTEM

A. **Identify** the parts or anatomy of the male reproductive system and discuss their function (physiology). Use Appendix page 3 to assist you in explaining the following:

1. **Male Genitalia**. Portions of the male reproductive system are external and are visible such as the penis and the scrotum. Other portions of the system are internal and, therefore, not visible such as the testicle or the vas deferens.
2. **Scrotum**. The sac below the penis that contains the gonads or testicles. Muscles attached to the scrotum can raise or lower the testicals to maintain ideal temperature for sperm production.
3. **Testicle**. The male gonad. It has two primary purposes:
   a. Production of sperm cells (the exocrine function).
   b. Production of testosterone (the endocrine function). The production of sperm cannot occur at normal body temperature. Therefore, the testicle is outside of the body.
4. **Sperm cell.** The reproductive cells are collectively called gametes. The male cell is the sperm. The parts of the sperm are:
   a. **Head.** The foremost portion of the sperm cell which contains the genetic information.
   b. **Midpiece.** The portion of the cell that contains the energy source.
   c. **Tail or flagellum.** The apparatus for locomotion.
5. **Testosterone**. The male sex hormone. Produced by the testicle, this hormone regulates the development of the male secondary sex characteristics. The libido (sex drive) is regulated by this hormone in both males and females.
   a. **Secondary sex characteristics** (male). The maturation of the individual making him biologically capable of repro-

PARENT

The development of secondary sex characteristics varies greatly from person to person. If parents are concerned about the sexual development of their children, they should contact their family physician.

As children begin going through puberty, the hormonal changes they experience may also cause an oversecretion of sebaceous or oil glands. That is the reason why many people experience complexion problems at this time. Keeping the face clean of this excess oil may diminish complexion problems. Sometimes if the problem is severe, a dermatologist may be consulted.

STRATEGIES

TEACHER RESOURCE

duction. Some of these characteristics are:

(1) Body hair in the male covers the face, chest, abdomen, and pubic area.

(2) Deposition of body fat in the male allows for the chest to be larger than the waist.

(3) Larynx (voice box) elongates making the male voice deeper.

(4) Sweat glands become increasingly active.

b. **Spermatogenesis.** The process by which immature sperm cells become capable of fertilization. This process cannot occur at body temperature, hence, the scrotum and testicles are on the outside of the body.

7. **Penis**. The male reproductive organ. It is composed of highly vascular tissue (containing many blood vessels) which may fill with blood to cause an erection. The glans (the tip of the penis) is very sensitive and analogous to the clitoris of the female system.

8. **Urethra**. The tube that runs through the penis through which urine or semen may flow.

9. **Prepuce** (foreskin). The skin which covers the glans of the penis.

10. **Circumcision**. Surgical removal of the foreskin which is sometimes done at birth. There is no known medical reason to have this done.

B. **Explain** the following aspects of sperm production and transport.

1. **Seminiferous tubules**. Small tubules within the testicle within which sperm cells are produced.

2. **Epididymis**. Network of coiled tubes located behind each testicle.

3. **Vas deferens.** Long passageway from the epididymis to the seminal vesicle.

4. **Seminal vesicle**. Storage area where sperm mature.

5. **Prostate gland**. Produces the largest amount of the fluid part of the semen.

6. **Cowpers gland.** Produces part of fluid portion of the semen.

7. **Semen.** Combination of sperm cells and fluids from the prostate and cowpers glands.

PARENT

A major purpose of this guide is to help provide the most accurate information to students. Sexual response is often a difficult topic for parents to discuss with their children. A sensitive definition about intercourse is provided. Parents should discuss this topic with their children prior to their classroom discussion.

Indicate that the physiological and emotional parts of the reproductive system are integral components in a satisfying sexual relationship.

STRATEGIES

TEACHER RESOURCE

8. **Ejaculation.** Involuntary muscular contractions which discharge the semen to the outside of the male body.
9. **Nocturnal emission.** The production of sperm and seminal fluid is a continuous one. When the system can no longer accommodate the volume of these substances, a discharge of the contents occurs. This is accomplished by an involuntary orgasm and ejaculation. Typically, this occurs at night. Females may have a similar experience without the discharge of semen. Vaginal lubrication does, however, occur. This process is called nocturnal orgasm and is very normal.

E. **The biological** purpose for the complex anatomy and physiology of the male reproductive system is to produce and deliver sperm cells for reproduction. In order for this to occur, a process called sexual intercourse must take place. The vascular compartments of the penis fill with blood by reflex action and an erection occurs. (The size of an erect penis is basically the same in all men.) At this time, the penis is inserted into the female vagina. During this act, the glans of the penis is stimulated which causes the discharge of semen at the time of ejaculation. This is known as orgasm in the male. Insertion and/or ejaculation are not necessary for fertilization to occur. Droplets of seminal fluid contain large amounts of sperm and may cause a pregnancy without ejaculation. Emphasize that intercourse is not just a physical act. It must include the emotional and psychological aspects if it is to be a positive and rewarding experience.

PARENT

Discuss how sexuality is a part of the total personality and has at least four dimensions: biological, psychological, ethical, and cultural. Each involves a number of factors. The interrelationship of all four dimensions are shown below.

ETHICAL
Values
Moral opinions
Religious beliefs

CULTURAL
Family
Peers
Custom
Dating & marriage
Religious affiliation
School
Media
Law

BIOLOGICAL
Growth & development
Maturation
Physical appearance
Reproduction
Fertility control
Sexual response

PSYCHOLOGICAL
Emotions
Self-concept/self-esteem
Motivation
Learned attitudes
Learned behaviors

STRATEGIES

TEACHER RESOURCE

III. THE FEMALE REPRODUCTIVE SYSTEM

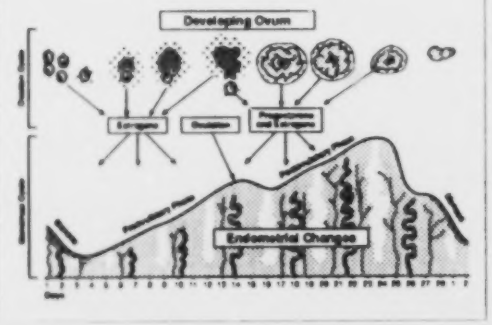
A. **Identify** the parts (anatomy) and functions of the female reproductive system and discuss their functions (physiology). Use Appendix page 8 and explain the following:

1. **Female genitalia**. Portions of the female genitalia are external and visible such as labia majora. Other portions of the reproductive system are internal and, therefore, not visible such as the uterus or fallopian tubes.
2. **Vulva**. Two outer folds of tissue that provide protection for the other organs and the opening to the urethra.
3. **Labia majora**. The outer folds of tissue covering the vaginal opening. These folds contain many nerve endings.
4. **Labia minora.** Two thinner folds of tissue under the labia majora. These folds contain many nerve endings.
5. **Clitoris**. A structure located just beneath the labia minora that is very sensitive and is analogous to the glans of the male system.
6. **Ovary.** The female gonad. They have two primary purposes.
   a. Production of ova (eggs), the exocrine function.
   b. Production of estrogen and progesterone, the endocrine function.
7. **Estrogen**. The female sex hormone that regulates the development of the female secondary sex characteristics.
8. **Uterus or womb**. A muscular organ where a fertilized ovum develops.
9. **Fallopian tubes.** Tubes that extend from the side of the uterus to the nearby ovaries. The end is made up of fingerlike projections that partly surround the ovaries. These extensions are called fimbriae.
10. **Cervix.** The junction between the end of the uterus and the beginning of the vagina.
11. **Vagina.** The outer portion of the birth canal, which serves as a passageway for menstrual flow and the organ where intercourse takes place.
12. **The breasts.** Milk-producing

PARENT

DIAGRAM OF
FEMALE REPRODUCTIVE SYSTEM

DIAGRAM OF
MENSTRUATION/OVULATION



STRATEGIES

TEACHER RESOURCE

organs of the female reproductive system. At the time a woman gives birth to a child, hormones influence the mammary glands in the breasts to produce milk. Prolonged milk production in the breasts is tied to the length of time a mother nurses her baby. Breast size varies greatly from person to person. However, the milk producing glands are all the same size. Adipose, or fatty tissue, is what determines breast size.

B. **Describe** the function of the female reproductive organs associated with the menstrual cycle (See Appendix page 9). Explain the following facts:

1. The menstrual cycle is a normal succession of events associated with release of an ovum.
2. The ovary contains a fixed number of immature ova (eggs) at birth. Starting at puberty one ovum (egg) matures each cycle. Of the hundreds of thousands of immature ova present, only about 400 will mature over a female's fertile years.
3. A pituitary hormone facilitates release of the ovum from the ovary. This process is called ovulation.
4. After ovulation, another hormone (progesterone) causes the inner lining of the uterus to thicken and fill with blood. The lining is called the endometrium. The blood enriched endometrium functions as the implantation site for a fertilized ovum.
6. Usually the released ovum is not fertilized. Decreased progesterone levels trigger a breakdown of the endometrium and the ovum. The remains of the deteriorated endometrium and its supply of blood are discharged through the vagina. This process is called menstruation. The discharge of disintegrating tissue lasts for an average of five days. A new ovum also begins to develop during menstruation. A complete menstrual cycle varies widely from person to person.
7. First menstruation is called menarche and usually occurs between 11 and 12 years of age, approximately 2 years after the peak rate of growth. Cycles are sometimes irregular at first and

PARENT

It has been recommended that super-absorbent tampons not be used because they pack the vagina tightly, prevent air circulation, and allow bacteria to grow. It is also suggested that women using other types of tampons leave them in place for no longer than two hours and not use them at all during the night while sleeping.

The information provided about sexual response is physiologically and anatomically accurate. The psychological, ethical/moral/spiritual, and emotional aspects of sexuality are even more important and should be included when discussing this information with your children.

STRATEGIES

TEACHER RESOURCE

then usually develop a pattern. With some women, irregularity continues indefinitely.

8. The pattern of the menstrual cycle may be upset by such things as emotional stress and acute or chronic illness.

Menstruation is not "being sick." There may be slight discomfort in the lower back, legs, and pelvis, particularly on the first day, and a slight tendency to fatigue. Breast changes may occur either preceding or at various times throughout the monthly cycle. Sometimes tenderness and enlargement of the breasts occur.

Mood swings may also occur in the normal menstrual cycle. This is called premenstrual syndrome (PMS). Manifestations of this hormonal effect on women may include depression or irritability.

9. Toxic Shock Syndrome (TSS) is a disease believed to be caused by toxin-producing strains of the bacterium staphylococcus aureus. It is thought that these toxins may grow in the vagina and are absorbed by the body. The exact mechanism of transmission is unknown but appears to be linked to the improper use of tampons. It is thought that a prolonged presence of the tampon (six hours) may provide an environment conducive to the toxin producing bacteria.

   TSS does not affect women only, it has been seen in both sexes in post surgical patients, burn victims, and patients with boils and abscesses.

C. **Inform** students that a major purpose of the female genitalia is for reproduction. The vagina is the organ where intercourse takes place. The size of the vagina is basically the same in all adult women. Glands in the female genitalia secrete a substance that helps lubricate the vagina to reduce friction during intercourse. This is a natural way to make sure that during intercourse damage to internal organs does not occur.

As in the male, stimulation of the female genitalia during intercourse creates a pleasurable sensation that results in muscular contractions or orgasm that some experts feel may help move the ova further down the

PARENT

During the third month after conception, the fetus can be seen as male or female. The tissues that form the reproductive structures in the fetus are identical. Because of this, there are some remarkable similarities in purpose and function between the male and female systems.

STRATEGIES

TEACHER RESOURCE

fallopian tube to enhance the possibility of conception.

D. **Compare** the anatomical and physiological similarities of the male and female reproductive systems. Have students identify the similar function of the following parts:

Male Organ	Function	Female Organ
testicle		ovary
penis		clitoris
vas deferens		fallopian tubes
sperm		ovum
scrotum		labia majora

PARENT

Developing values concerning sexuality is a lifetime process, not just something to be discussed once children enter into adolescence. Share your family values often.

STRATEGIES

TEACHER RESOURCE

IV. RESPECT FOR THE REPRODUCTIVE SYSTEM

A. **Discuss** the need for informed, responsible behavior with respect to reproduction. It is important for people to understand how their bodies function. Missing information, lack of information, or lack of respect for self and others can contribute to irresponsible behavior that can have a devastating effect.

B. **Invite** a health care professional to discuss the basics of reproductive health care for both males and females. Topics might include the importance of regular checkups, the procedures used in examinations, and anatomy and physiology concerns throughout the life cycle. Also include a discussion of male and female related diseases.

C. **Discuss** proper care of the reproductive system. Proper medical care and self-exams can help to eliminate serious health problems. (See Appendix pages 4 through 7.) You may also choose to discuss the following:

1. Toxic shock syndrome.
2. Proper timing of physician exams.
3. Cancer screening.
4. Pap smear.

PARENT

Responsible parenthood actually begins before conception. It involves living a responsible lifestyle prior to starting a family. The complex process of fetal development can be enhanced or impaired depending on what the future mother does to her body.

Review the stages of the ovulatory cycle. Appendix page 9 will assist this discussion.

STRATEGIES

TEACHER RESOURCE

OBJECTIVE:
7150-0207

Discuss conception, fetal development, birth defects, the risk factors involved in pregnancy, and the birth process.

TERMS

conception
contraception
embryo
fetus
gestation
hormone
menstruation
ovum
sexual intercourse
sperm
spontaneous abortion

I. CONCEPTION

A. **Define** conception as the union of an ovum (egg) and a sperm. Explain that a primary purpose of the reproductive system is conception. Conception and fertilization are synonymous.

B. **Review** the physiology and anatomy of both the male and female reproductive systems and discuss how each part needs to work correctly in order for conception to occur.

C. **Define** sexual intercourse as the process used to unite the sperm from the male with the ovum of the female.

D. **Explain** that a knowledge of the ovulatory cycle is important information.

Explain that the ovulatory cycle may vary in duration from one person to another or even from one cycle to another. However, most cycles are from 26 to 36 days in length. A cycle starts on the day menstruation begins and lasts until the day before a new cycle begins. The cycle can be divided into three stages: preovula-

PARENT

Share your views on the appropriate time to begin a family and on family size. Items to be discussed may include:

a. Factors to consider prior to pregnancy (financial, physical, emotional, ethical/moral/spiritual, and social issues).

b. The importance of proper health care before a possible pregnancy.

c. Use of contraceptives. (The issue of contraception is very personal. According to state policy, teachers cannot encourage the use of contraceptives by unmarried minors. Some parents may feel that this is important information for students to know. For those parents who feel it is appropriate, contraception information is available as a supplement to this guide.

Parents should encourage their children to seek medical advice or care prior to marriage and the onset of sexual intercourse.

STRATEGIES

TEACHER RESOURCE

tory, ovulatory, and post-ovulatory. The preovulatory phase varies in length and unless cycles are regular, it is difficult to predict ovulation. The ovulatory phase is the day that ovulation actually happens. This almost always occurs 14 days before menstruation begins. The post-ovulatory phase is fairly constant—usually 14 days after ovulation occurs. Conception is most likely to happen several days before or after ovulation.

The way to predict an ovulation date is to count back 14 days from the beginning of menstruation. If the length of the cycles are constant, this time is easy to predict. If a cycle is 34 days in length, ovulation will occur on day 20 and fertilization is most likely between days 15 and 25. Even though the most likely time for fertilization to occur is several days before or after ovulation, there is no safe time during the cycle to have intercourse and avoid fertilization. Fertilization may occur at any time. (See Appendix page 9.)

Have students determine the day ovulation occurs on a 28-, 32-, and 36-day cycle.

E. **Explain** that some married couples may choose to postpone pregnancy for a variety of reasons; e.g., to complete their education, to limit the number of children, to space their children, or to protect the health of the mother. Contraception is used to prevent pregnancy, regulate a woman's menstrual cycle, or for disease prevention. Possible side effects to contraception may include nausea, spotting, increased menstrual cramps, bladder infections, or genital irritation.

Contraceptives can be divided into two groups:

(1) those that require a physician's prescription, and

(2) those methods that do not.

All couples should seek medical advice prior to marriage and the onset of sexual intercourse to determine individual choices and physical needs.

Any discussion of contraceptive devices or methods in the classroom requires prior written parental consent.

PARENT

Discuss the process of fetal development or view a video of fetal development and birth. Information regarding the stages of fetal development and growth can be found in Appendix page 24.

STRATEGIES

TEACHER RESOURCE

II. FETAL DEVELOPMENT

A. **Explain** that after conception occurs, growth of the fetus begins. The gestation period is the time from fertilization to birth—280 days or nine months. The nine months can be divided into three parts. Each part is called a trimester. During the first trimester, the baby is very small and called an embryo. During the second and third trimesters, the baby is called a fetus.

1. **Review** the following information about each trimester: (See Appendix page 24.)

   The First Trimester is made up of the first, second, and third months. It is an important time, because all of the embryo's body organs are being developed.

   It takes three or four days for the fertilized egg to move through the fallopian tube into the uterus. During this time, the egg divides into two cells, then four, then eight, etc.

   As the cells continue to divide, they get food from the fallopian tube on the way to the uterus. The multiplying cells are now called an embryo.

   When the developing embryo reaches the uterus, it attaches itself to the uterine lining. This happens eight days after fertilization. The embryo can now get food from the mother's body.

   The cells divide many times to form the body of the embryo. By four weeks, the embryo has a backbone and a heart that is beating.

   The cells also form a system to protect the embryo and feed it while it develops. This system includes the amniotic sac (which contains the amniotic fluid), the placenta, and the umbilical cord.

   The Second Trimester is made up of the fourth, fifth, and sixth months. The embryo continues to develop and is now called a fetus. The fetus moves in the uterus. The mother can feel it move, and the doctor can listen to its heartbeat.

   During the second trimester the fetus grows to about 14 inches (35 centimeters) long. At six months, the fetus weighs about two pounds (907 grams).

PARENT

STRATEGIES

TEACHER RESOURCE

The Third Trimester is made up of the seventh, eighth, and ninth months. The fetus is growing longer and heavier. It moves its arms and legs and turns in the uterus.

Usually, during the ninth month, the body of the fetus turns. The head moves toward the cervix. Now the fetus is ready to be born. (See Appendix page 26.)

2. **Discuss** with the students the complexity of fetal development. Emphasize that whatever the mother does to her body also affects the developing baby.

   Have students make a list of healthy and unhealthy things that affect the developing fetus. How many things would they need to change if they were pregnant? Examples may include:

   good or bad nutrition

   over-the-counter drug use

   prescription drug use

   tobacco use

   illegal drug use

   alcohol use

   diseases

B. **Explain** that sometimes a baby is born with a birth defect. A birth defect can be physical or mental. Some birth defects are inherited, others are caused from our environment. For example, if a baby is born with a hearing impairment because the mother had german measles while she was pregnant, the baby's hearing loss is an environmental defect. The blood diseases hemophilia and sickle-cell anemia are passed on genetically. These birth defects are hereditary.

PARENT

Share your experiences in becoming a parent. What emotions did you experience? What plans did you make? What were the most special parts of pregnancy and/or early life with your child?

STRATEGIES

TEACHER RESOURCE

III. BIRTH

A. **Explain** that a woman's body begins to prepare for childbirth during puberty. At this time, the hips begin to widen and the breasts become capable of milk production.

B. **Explain** the three stages of labor. (See Appendix page 27.)

Stage 1: Contractions, dilation of cervix. Contractions, which are strong muscle movements in the uterus, begin to push the baby toward the cervix. The cervix dilates to allow the baby to pass through the opening of the uterus.

Stage 2: Birth of the baby. The cervix has dilated to ten centimeters. Uterine contractions continue to move the baby through the birth canal (or vagina). The vagina expands to allow passage of the baby.

Stage 3: Delivery of placenta. After the baby is born, the placenta must also come out of the uterus. This happens a few minutes after the delivery.

C. **Explain** that sometimes complications may prevent full-term development of the fetus. Occasionally, genetic or physical defects in the fetus will cause a spontaneous abortion or miscarriage to occur, thus terminating a pregnancy. Although the frequency of spontaneous abortion is unknown, it is estimated that 10-40% of pregnancies end in miscarriage. The majority of these occur during the first trimester.

PARENT

Abortion is not a planned part of classroom discussion. Often, questions are asked. Included in the teacher resource is a simple definition of abortion to be used in response to questions. Abortion is a very sensitive issue. Your views should be shared with your children.

STRATEGIES

TEACHER RESOURCE

IV. A NOTE ABOUT ABORTION:

If a question concerning abortion arises, the following is a suggested way to explain this sensitive issue to students.

A. **Define** the term abortion as the termination of a pregnancy. An abortion may be spontaneous or therapeutic (induced).

- Spontaneous abortion (or miscarriage) is a natural cessation of the unborn fetus' growth and development. This most often occurs as a result of a genetic defect.
- Therapeutic abortion (induced abortion) is the result of medical or surgical intervention to terminate a pregnancy. This may be necessary because of certain medical conditions of either the mother or the fetus. It also may occur as a result of the choice of the mother.
- Self-induced abortion occurs when the mother causes herself to miscarry. This is a very dangerous procedure and can cause serious infection, sterility, or even death of the mother.

Beliefs regarding the beginning of life, the reproductive choice of women, the quality of life, and religious values influence the stand one takes regarding elective termination of pregnancy.

PARENT

Adolescents need to understand the responsibilities associated with parenthood and the emotional, psychological, ethical/moral/spiritual, and physical demands it requires.

Discuss with your child the potential difficulties of being a teen parent.

STRATEGIES

TEACHER RESOURCE

OBJECTIVE:
7150-0208

Recognize the impact teen pregnancies have on quality of life, incidence of child abuse, and changes of lifestyle.

NOTE:

Information concerning teen pregnancy, parenthood, and teen sexuality are found on Appendix pages 28-30. This appendix is provided for parent and teacher use only.

TERMS

child abuse
emotional abuse
physical abuse
quality of life

I. BEING A TEEN PARENT

A. **Define** and discuss the concept of quality of life. Have students list the things they think contribute to a quality lifestyle. Compare and contrast this list with the lifestyle of a teen parent. The conflict between a typical teen lifestyle and the potential lifestyle of a teen parent should be self-evident. Teens tend to be unrealistic about the demands of parenting.

B. **Affirm** the following points:

1. Most teens are not psychologically prepared for pregnancy or parenthood.
2. Most teen diets are not the best diets for unborn children. This may contribute to malformation, retarded development, or anemia in a fetus.
3. Teen deliveries tend to be prolonged, resulting in a higher than usual percentage of complications during delivery.
4. Teen parents, particularly females, are less likely to complete their education.
5. Statistically, the younger the

PARENT

Discuss qualities/attributes that are necessary for parenthood.

Discuss the ways in which society romanticizes both sexual relationships and parenthood.

Talk with your children about the time commitment, financial responsibility, and emotional involvement required of parents.

STRATEGIES

TEACHER RESOURCE

parents, the lower the family income is likely to be.

6. Teen parents are usually in no position to support a family.
7. Single-parent families tend to live below the poverty level.
8. Teen parents may resign themselves to repeated pregnancies.
9. Teen marriages are generally not stable and frequently end in divorce.
10. School-age children of adolescents have more behavioral problems and score lower on academic tests than school-age children of adult parents.
11. The extended family is burdened by untimely pregnancies.
12. Teenage women have a high probability of raising their children alone – they often don't marry at all.

C. **Ask** students to write a one-page paper on how they imagine their lives would be affected if they were to become parents at this time.

Instruct them to include how it would affect the lives of their parents, other family members, and friends.

D. **Instruct** the students to complete the following sentences on paper:

Parents should be...

Parents need to give a child...

Next, ask students to brainstorm the qualities/attributes that are important for parents to have, and the "things parents should provide for a child." List their responses on the board. Qualities may include: a stable marriage, a home, financial security, guidance, love, attention, time, patience, caring, discipline, maturity, food, medical attention, education, etc. Discuss each quality as it is mentioned. Encourage the students to clarify and refine their ideas.

E. **Discuss** the following questionnaire, prefacing each statement with, "Most of the time..." Address each quality and its relationship to parenthood.

The questionnaire asks each student to agree or disagree with the following statements:

1. I don't care much about my free time.
2. I get frustrated easily if things don't go my way.
3. Sleeping late is not very impor-

PARENT

You may wish to discuss the facts in Appendix pages 28-30 relating to teenage parenting and teenage sexuality.

STRATEGIES

TEACHER RESOURCE

tant to me.

4. Routines are boring.
5. I have a lot of confidence in myself.
6. I wouldn't mind spending $350 or more a month on someone else for the next 18 years.
7. I would want my child to be just like me.
8. I have years to go before I am fully mature.
9. I enjoy sharing my possessions with others.
10. I like going out and doing things when I feel like it.
11. I sometimes have trouble controlling my temper.
12. Children get on my nerves a lot.
13. I feel unprepared to take care of a newborn baby.
14. I feel unprepared to take care of a six-year old.
15. I feel unprepared to take care of a twelve-year old.
16. I need someone to love me before I can love myself.
17. I find it easy to be flexible and compromise.
18. I am a good communicator, listener, and problem solver.
19. Household chores are a drag.

II. CHILD ABUSE

A. **Indicate** that child abuse and neglect are potential dangers associated with teen pregnancies. Cover the following points:

1. Teen parents may be at greater risk to neglect their children because of:
   a. Developmental immaturity.
   b. Inability to anticipate the child's needs.
   c. Preoccupation with their own problems.
   d. Lack of adequate financial security.
   e. Lack of job skills.
   f. Conflict in relationships.
2. Environmental stress is a major factor in child abuse. Sickness, divorce, separation, job loss, and crying babies are all challenges, even to adults. Teens may run the risk of harming children in situations of great stress.

   Encourage students to seek

PARENT

Explain to your child that raising children is a challenging process. Share some of your experiences with them.

TEACHER RESOURCE

professional guidance if child abuse or neglect develops within their own family setting, or if they have ever been abused or neglected and have not discussed this with a professional.

STRATEGIES

PARENT

Discuss with your child that taking responsibility for oneself means recognizing that others may not take responsibility for their actions. Unfortunately, this means that it is sometimes necessary to take extra measures against sexual exploitation.

Create an atmosphere of trust and open communication so feelings can be shared and possible problems discussed.

Encourage your child to discuss any confusing events or feelings with someone she/he can trust.

STRATEGIES

TEACHER RESOURCE

OBJECTIVE:
7150-0209

Discuss the legal, social, and emotional implications associated with pornography, prostitution, sexual abuse, incest, and rape.

TERMS

(See Appendix page 32.)

acquaintance or date rape
child pornography
incest
pornography
prostitution
rape
sexual abuse
statutory rape

I. SEXUAL ABUSE

A. **Explain** the different types of sexual abuse. Sexual abuse can be both nontouching offenses (exhibitionism, peeping tom, obscene phone calls, sexually suggestive talk, etc.) or touch offenses (rape, incest, fondling, prostitution, and intercourse [vaginal, anal, oral]).

A strict definition of sexual abuse is difficult, if not impossible. Students should understand that **any** sexual activity or experience that makes them feel confused, threatened, scared, or uncomfortable should be discussed with or reported to someone they can trust to help.

B. **Explain** that sexual abuse is a difficult subject to talk about. Most people who are sexually abused do not tell anyone. They may feel like they have done something wrong, or are guilty of something dirty or bad. They may also fear that they will be blamed or punished if they tell anyone.

Most often the abuser is someone they know; it could be a family member, friend, or neighbor. This

PARENT

Help your child understand that rape or sexual abuse is never the fault of the victim. Review and discuss the myths and facts about rape found on Appendix page 34.

Become familiar with the signs and symptoms of sexual abuse (see Appendix page 35) and the Utah Code for reporting suspected abuse (see Appendix page 33). Early reporting and appropriate intervention are critical in providing the necessary care for both the victim and the assailant. State agencies for reporting suspected child abuse are included in Appendix page 32.

STRATEGIES

TEACHER RESOURCE

may make it particularly difficult to report the abuse. However, ignoring sexual abuse never works. Both the person who is abused and the abuser need help. Students need to be assured that if they are abused, **it is not their fault.**

It is impossible to accurately assess the incidence of sexual abuse because it is often difficult to identify victims of sexual abuse. Encouraging victims and their families or friends to report abuse or suspected abuse is a critical step in providing victims with the help they need.

C. **Explain** that sexual abusers are people with psychological proolems and may have been abused themselves. Persons who have been sexually abused or have sexually abused others (or who feel like they might become an abuser) should seek professional help.

D. **List** resources available for victims of sexual abuse. (See Appendix page 33.)

Have students identify one or several people they could go to for help. (This should be done confidentially.) Emphasize to students that they need to tell someone they trust if they have been abused.

E. **Discuss** the possible social and/or emotional effects of sexual abuse.

Short-term

1. Feelings of fear, shame, anger, guilt, anxiety, or confusion.
2. Nightmares or difficulty sleeping.
3. Low self-esteem.
4. Antisocial behavior, including rebelliousness or running away.
5. Increased hostility or aggression.

See also signs of abuse (Appendix pages 35-36).

Long-term

1. Anxiety.
2. Low self-esteem.
3. Depression.
4. Thoughts of suicide.
5. Difficulty in relationships because of poor social skills and inability to trust others. Many people who have been abused remain in the "victim" role, selecting "abusers" as partners. It is also possible that they will fail to establish relationships at all.

PARENT

Ask questions and be aware of your child's plans. Review ways children can protect themselves. Be sure they understand that taking the necessary precautions and avoiding certain situations or settings may help them avoid possibly disastrous consequences.

STRATEGIES

TEACHER RESOURCE

6. Distorted attitudes about sex resulting in inappropriate sexual adjustments. Some victims may become active sexually as a result of confusion or a need to "feel loved." Others may have extreme difficulties in establishing a sexual relationship in marriage.
7. Difficulty providing proper parenting to their own children. It is not uncommon for children who were abused to become abusers themselves as a result of early role modeling. Intervention into this cycle is needed and important.

F. **Discuss** the effects of falsely accusing another person of sexual abuse.

NOTE TO TEACHER:

Review Appendix pages 35-36. Determine which are applicable to a classroom setting and which are valuable as you assist individual students.

II. RAPE

A. **Explain** that rape is an act of violence and generally has little to do with sexual desire. People who rape are lashing out at someone else. Anyone who forces another person to have sexual intercourse is raping that person. Discuss the myths of rape. (See Appendix page 34.)

B. **Explain** that rape is never the victims fault (including date rape).

C. **Date rape** is forced, tricked, or manipulated sexual intercourse by someone the victim has dated, or a boy/girl friend. Date rape is a violation of another person. A date rape can leave the victim feeling ashamed, confused, guilty, or unclean. Discuss the following:

1. What is date rape? Is it really rape?
2. What factors contribute to date rape?
3. If a female wears a provocative outfit, is she responsible for a date rape?
4. How do society's attitudes toward male and female roles contribute to the problem of date rape?

PARENT

Review the steps to follow if a rape occurs. Emphasize the importance of reporting if a rape occurs and the need for proper, professional follow up.

STRATEGIES

TEACHER RESOURCE

5. Although the term date rape usually refers to a male forcing a female to have sexual intercourse, are there ways that females exploit males?

D. **Discuss** ways to protect yourself against rape.

1. Try to go places in a group or where there are several other people.
2. If you go somewhere alone, let someone know your plans.
3. Stay in well-lighted, public places.
4. Don't be alone with someone who makes you feel uneasy.
5. If you are followed or feel threatened, run away and make as much noise as you can (yell, scream, etc.).
6. Don't open the door to strangers. Lock your doors and windows.
7. Have your keys ready when you are going to your car or home.
8. Know who you are dating. If you don't know him/her, go with friends.
9. Don't spend a lot of time with your date in isolated places.
10. Don't let your date control the evening. Help with the plans.

E. **Discuss** what should be done if you or someone you know is raped.

1. Get medical help immediately.
2. Don't bathe or shower before reporting to authorities.
3. Report the rape to legal authorities.
4. Call a rape crisis center for counselling.
5. Provide support and comfort for the victim.

PARENT

TEACHER RESOURCE

III. PORNOGRAPHY

A. **Discuss** the following list of negative influences that are associated with pornography.

1. Promotes misleading information about human sexuality and healthy relationships.
2. Can disassociate sex from love.
3. Is often very degrading to women and men.
4. May be linked to sex crimes, sexual abuse, and anti-social behavior.
5. May cause you to be diverted from your hopes, commitments, and goals for the future if you act on the visual images and fantasies that are created by pornography.

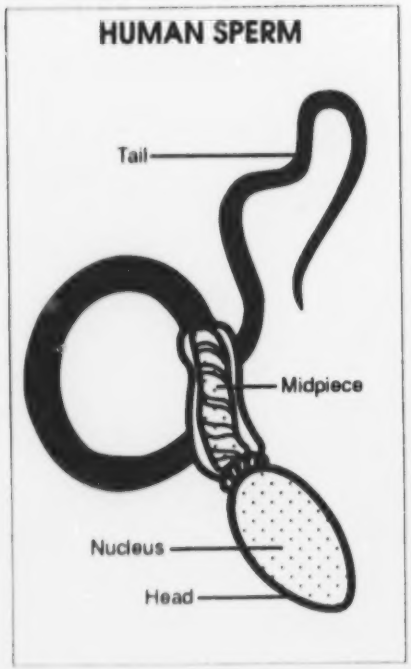
B. **Review** how sex-related material is being used in the media including television, movies, music, and advertising. What type of societal impact might this have?

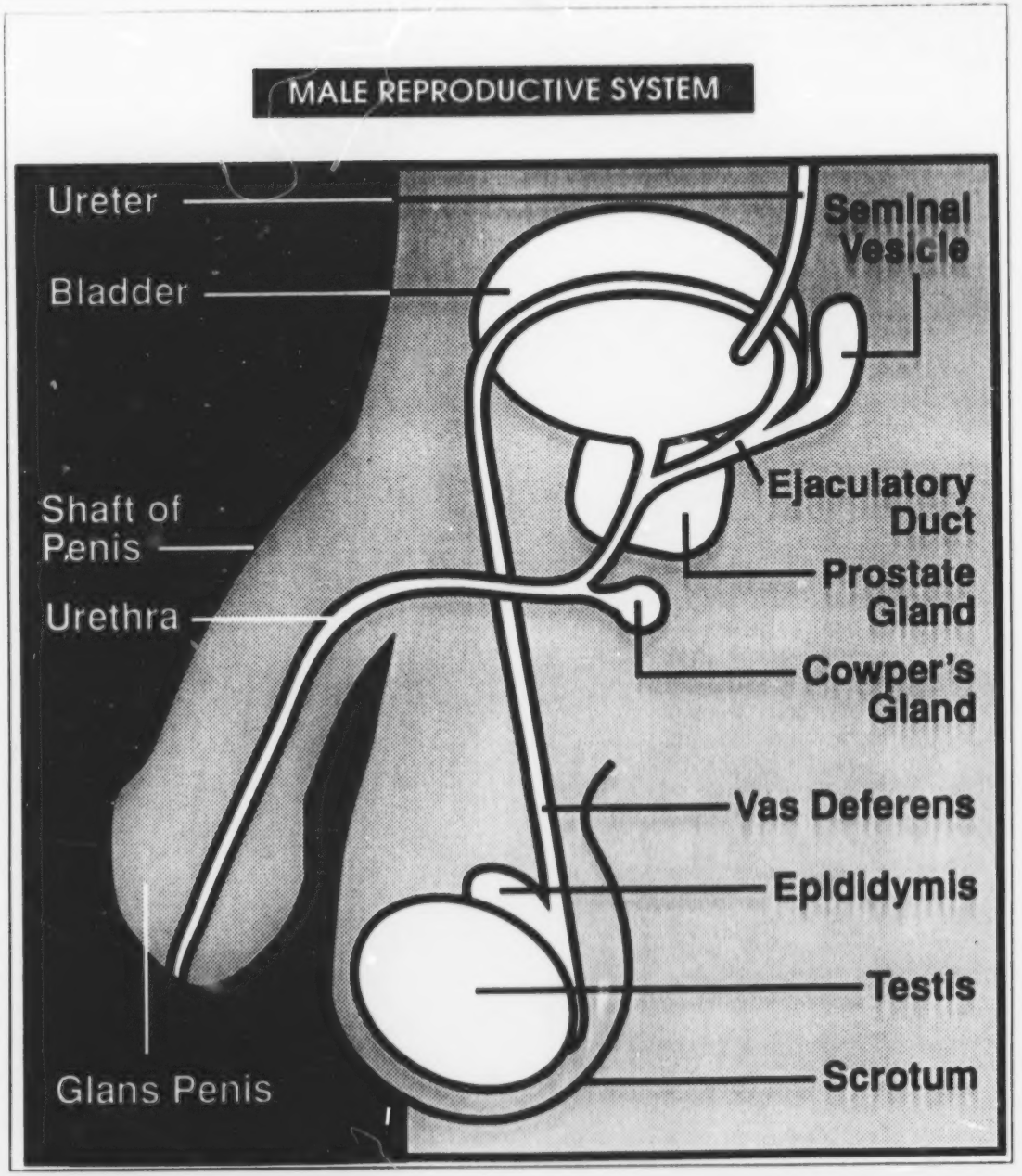
Discuss the negative influences that are associated with pornography.

Discuss "immediate gratification" at the expense of basic values, commitment, and a future orientation to life.

STRATEGIES

APPENDIX


HUMAN SPERM
Tail
Midpiece
Nucleus
Head


MALE REPRODUCTIVE SYSTEM
Ureter
Bladder
Shaft of Penis
Urethra
Glans Penis
Seminal Vesicle
Ejaculatory Duct
Prostate Gland
Cowper's Gland
Vas Deferens
Epididymis
Testis
Scrotum

TESTICULAR SELF-EXAMINATION

To examine your testicles, first take a hot shower or bath so that the testicles hang farther outside the body than usual. Check each testicle in turn, rolling it gently between the thumb and the index and middle fingers to search for any small, hard lumps or swelling (testicular lumps are usually painless). The scrotal skin should feel firm but not too hard (somewhat like an ear lobe). Bring any lumps, swelling, hardness, or other unusual features to a physician's attention.

MEDICAL CARE OF THE MALE REPRODUCTIVE SYSTEM

MALE

Men are often unaware of the need for regular self-examinations and annual physician's examinations. Beginning at puberty, with the enlargement of the testicles, every boy and man should examine his testicles once a month. Any changes in the size or shape of the scrotum or testicles requires immediate medical attention. Beginning at about age 40, men should have an examination by a urologist that includes a manual check of the prostate.

Men are subject to many of the same diseases of the breasts (including breast cancer) as women. Men should perform regular breast self-examinations and should consult a physician if there are any changes (lumps in breast or arm pit, discharge from nipple, etc.) in the breasts.

Urologist

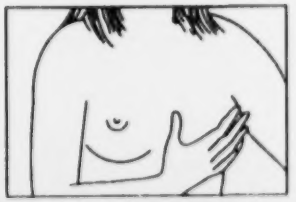
Specialist in the genital and urinary system and male sexuality. Can be located in a department of urology. Can be referred by another physician or self-referral.

Pediatrician

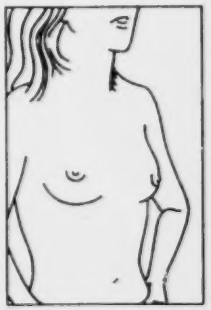
Treats diseases and disorders of children and adolescents to age 21.

BREAST SELF-EXAMINATION

In the shower:



Examine your breasts during bath or shower; hands glide easier over wet skin. Fingers flat, move gently over every part of each breast. Use right hand to examine left breas, left hand to examine right breast. Check for any lump, hard knot or thickening.



Before a mirror:

Inspect your breasts with arms at your sides. Next, raise your arms high overhead. Look for any changes in the contour of each breast–a swelling, dimpling of the skin, or changes in the nipple.

Rest the palms on hips and press down firmly to flex your chest muscles. Left and right breasts will not exactly match – few women's breasts do.

Regular inspection shows what is normal for you and will give you confidence in your examination.

Lying down:

To examine your right breast, put a pillow or folded towel under your right shoulder. Place your right hand behind your head – this distributes breast tissue more evenly on the chest. With left hand, fingers flat, press gently in small circular motions around an imaginary clock face. Begin at the outermost top of your right breast for 12 o'clock, then move to 1 o'clock, and so on around the circle back to 12. A ridge of firm tissue in the lower curve of each breast is normal. Move in an inch toward the nipple, keep circling to examine every part of your breast, including the nipple. This requires at least three more circles. Slowly repeat procedure on your left breast with a pillow under your left shoulder and your left hand behind head. Notice how your breast structure feels.

Finally, squeeze the nipple of each breast gently between thumb and index finger. Any discharge should be reported to your doctor immediately.

MEDICAL CARE OF THE FEMALE REPRODUCTIVE SYSTEM

FEMALE

Whether or not they are having sex, all women should have annual gynecological examinations beginning at about age 18 (or before if they are sexually active). These yearly examinations should continue throughout their lives, even after menopause. Regular examinations are the best way to spot problems with internal and external organs. Problems which may be detected during a gynecological exam include vaginal infections, changes in the cells of the cervix (cervical cancer), or the enlargement of an ovary.

Vaginal infections can occur in females who have never been sexually active. Vaginal infections can be caused by taking antibiotics, stress, wearing underwear made from synthetic material, hormonal changes, or a sexually transmitted disease. These infections are usually easily treated with the proper medical care.

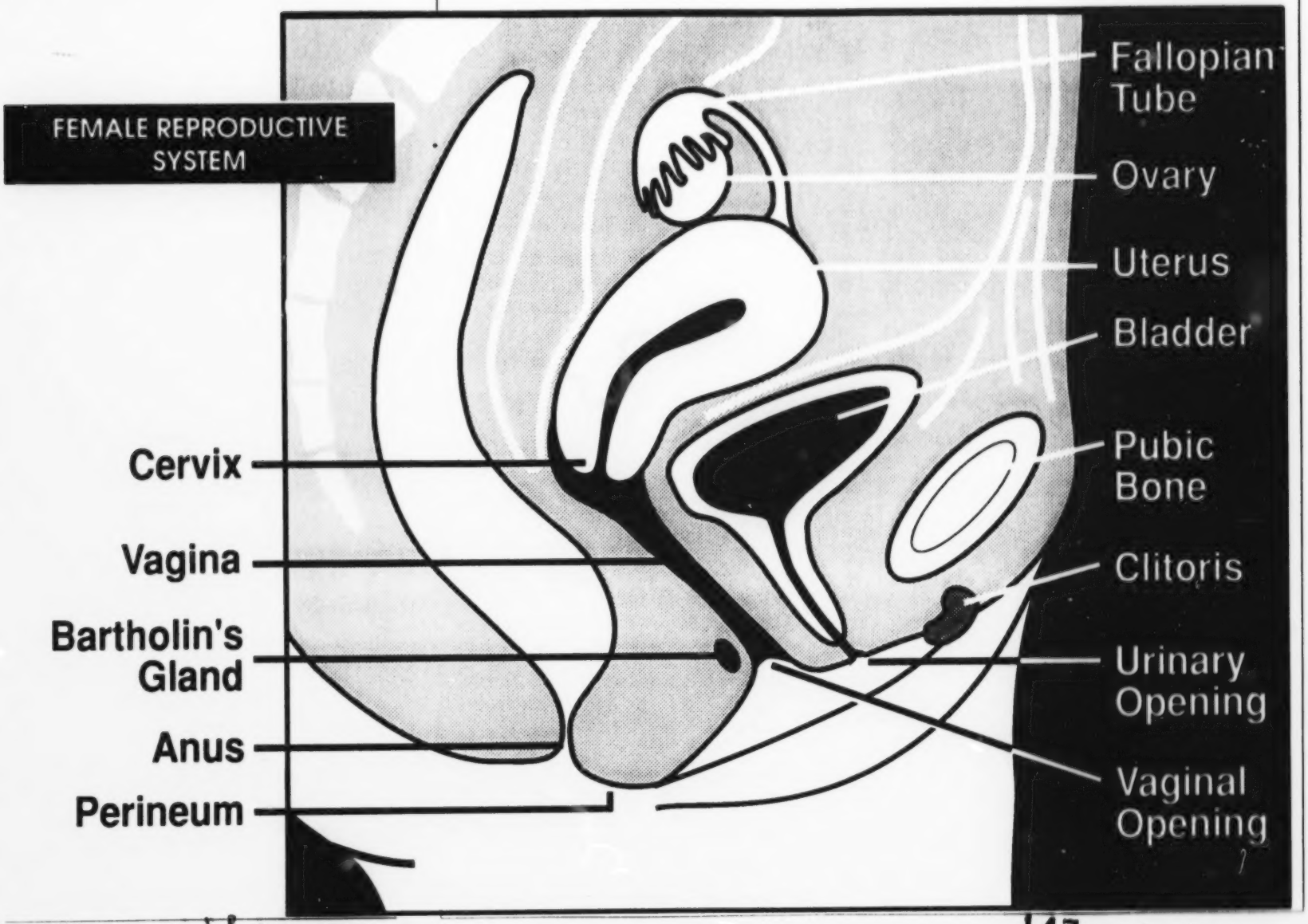
In addition to regular gynecological examinations, self-examination is recommended for the external genitalia and breasts. Knowing what is "normal" for your body and discovering any changes (lumps in breasts, discharge from nipples, changes in color, texture, or smell of vaginal secretions, etc.), and promptly seeking the appropriate medical attention can reduce the likelihood of serious complications.

Gynecologist

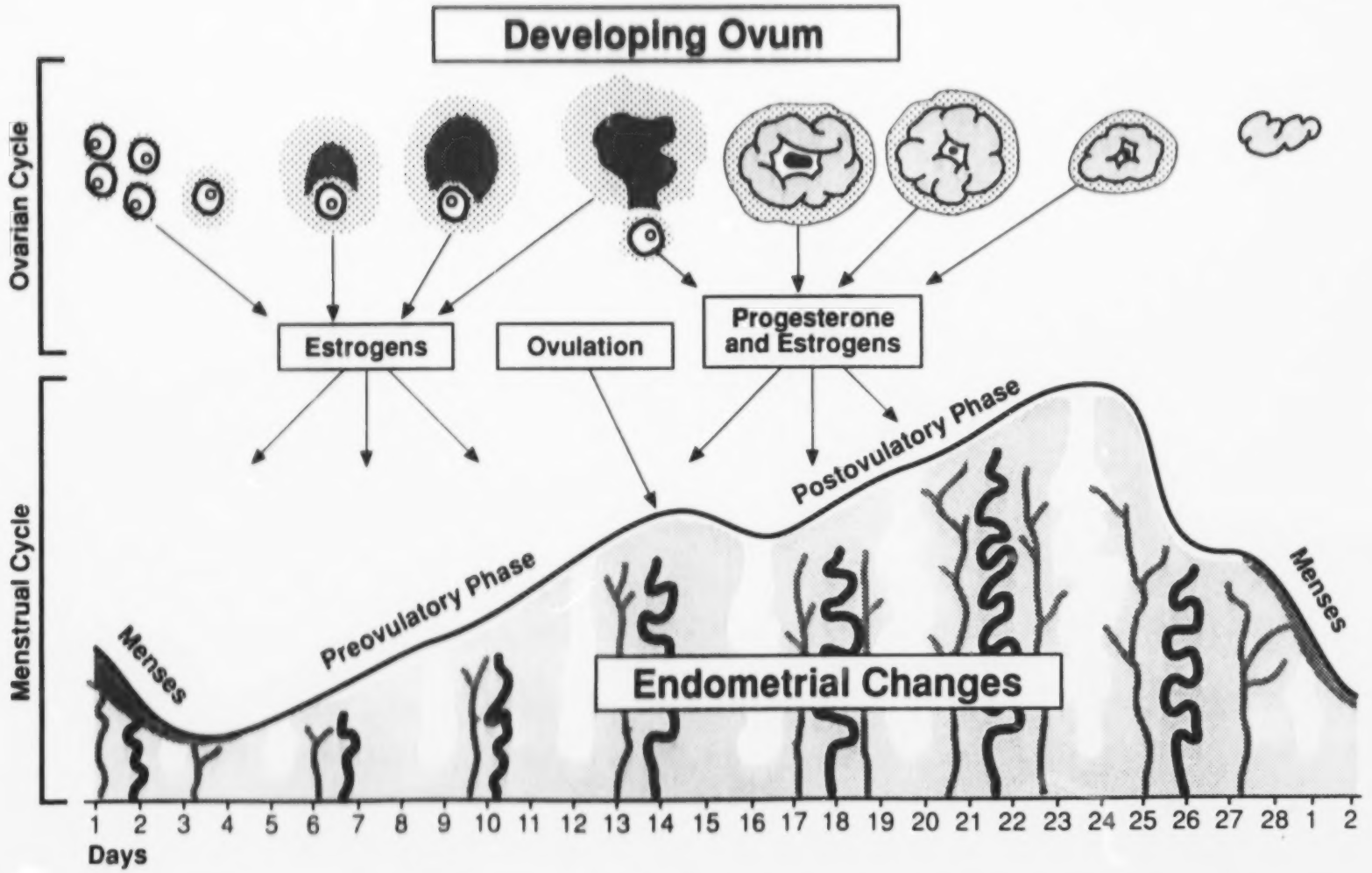
Specialist in the female reproductive organs and female sexuality. Performs regular checkups for the female reproductive system. Can be located in a department of gynecology or obstetrics. Does not require a physician's referral.

Obstetrician

Treats mothers before, during, and immediately after childbirth. Located in department of obstetrics or gynecology. Obstetricians are most often also gynecologists. Self-referral as indicated by pregnancy.


FEMALE REPRODUCTIVE SYSTEM
Fallopian Tube
Ovary
Uterus
Bladder
Pubic Bone
Clitoris
Urinary Opening
Vaginal Opening
Cervix
Vagina
Bartholin's Gland
Anus
Perineum

OVULATORY/MENSTRUAL CYCLE



WHO DOES WHAT?

Discuss how jobs and responsibilities should be divided in relationships.

Have students complete this questionnaire alone or with a friend. For each statement, circle M (male), F (female) or B (both), based on who you feel should be responsible.

M	F	B	1. Pays the bills.
M	F	B	2. Decides whether or not husband should take a new job.
M	F	B	3. Earns family income.
M	F	B	4. Decides what letters to friends need to be written or answered.
M	F	B	5. Decides about insurance, savings, and investments.
M	F	B	6. Does minor car repairs.
M	F	B	7. Selects household furnishings.
M	F	B	8. Takes children to doctor.
M	F	B	9. Moves heavy furniture.
M	F	B	10. Does canning and freezing.
M	F	B	11. Goes to PTA meetings.
M	F	B	12. Gives spending money to children.
M	F	B	13. Decides on children's gifts.
M	F	B	14. Plants garden.
M	F	B	15. Does mending and selects clothing.
M	F	B	16. Decides whether family can afford vacation.
M	F	B	17. Keeps track of family's social engagements.
M	F	B	18. Decides when to have something special for dinner.
M	F	B	19. Locks up the house at night.
M	F	B	20. Makes or builds things as a hobby.

Was this exercise easy for you or did you have difficulty making your choices? How did you decide on the answer? How would you resolve a difference of opinion if it arose in your relationship?

MALE & FEMALE ROLES

Have students complete the following checklist three times. One time pertaining to males, one time pertaining to females, and one time pertaining to a well-adjusted person who is not identified by gender. When the class has completed the lists, tally and discuss the results. How did the lists compare?

Alternatively, the class would be divided into three small groups with each group given a different list—one group would have male, one female, and one well-adjusted person (gender unidentified). The groups would need to reach consensus in order to select the appropriate adjective score. After the groups finish, they should return to the whole class for discussion and comparison of lists.

	1	2	3	4	5	
Aggressive	___	___	___	___	___	Nonaggressive
Independent	___	___	___	___	___	Dependent
Unemotional	___	___	___	___	___	Emotional
Objective	___	___	___	___	___	Subjective
Dominant	___	___	___	___	___	Submissive
Not excitable	___	___	___	___	___	Excitable
Active	___	___	___	___	___	Passive
Competitive	___	___	___	___	___	Noncompetitive
Logical	___	___	___	___	___	Illogical
Worldly	___	___	___	___	___	Home-oriented
Direct	___	___	___	___	___	Indirect
Feelings not easily hurt	___	___	___	___	___	Feelings easily hurt
Adventurous	___	___	___	___	___	Cautious
Never cries	___	___	___	___	___	Cries easily
Leader	___	___	___	___	___	Follower
Self-confident	___	___	___	___	___	Unsure
Ambitious	___	___	___	___	___	Not ambitious
Handles ideas	___	___	___	___	___	Handles feelings
Not concerned about appearance	___	___	___	___	___	Concerned about appearance
Not talkative	___	___	___	___	___	Talkative
Blunt	___	___	___	___	___	Tactful
Unaware of other's feelings	___	___	___	___	___	Aware of other's feelings
Sloppy	___	___	___	___	___	Neat
Loud	___	___	___	___	___	Quiet
Tough	___	___	___	___	___	Tender

SEXUALITY INCLUDES

OUR VALUES AND GOALS...

About men, women, human relationships, families...

What kind of person do I want to be? As a man or a woman, what is important for me to do with my life? How should people treat one another? What values are important to me and my decisions?

OUR DECISIONS...

The ones we make about ourselves, our future, our bodies, and communication with others...

How do I incorporate my values into my decisions? How can I make decisions which contribute in a positive way to my sense of well-being? What decisions protect my future?

OUR FEELINGS...

Love, warmth, belonging, self-respect, intimacy...

What is love? How does it feel to love another person and to be loved? How do I feel if I am proud of myself and my actions? How do others influence my feelings? How can I talk about my feelings with others?

OUR BODIES...

The reproductive anatomy and physiology that makes us uniquely male or female...

How do I feel about my body and the way it is changing? Do I like the way I look? With whom do I share my body and under what circumstances?

OUR BEHAVIORS...

The ways in which we communicate with and behave toward one another, especially as it concerns male-female relationships...

How do I communicate verbally and nonverbally? What are the physical and emotional ways in which people express love and affection? Is my behavior consistent with my values?

OUR HABITS AND CHARACTER...

Am I trustworthy, honest, fair, responsible? Do I sacrifice immediate pleasure for long-term benefits?

OUR RELATIONSHIPS...

With our friends, family, colleagues, sexual partners.

What qualities contribute to positive relationships? How do I foster positive relationships and avoid unhealthy ones?

CASE STUDIES FOR DECISION MAKING

Apply the steps to responsible decision making to the following case studies.

CASE #1

Stan is overweight. He has tried a number of diets but cannot stay on them more than a couple of weeks. He seems to have a pattern of losing five pounds and then gaining them right back. He knows that being overweight is unhealthy. He is even unhappy with the way he looks.

CASE #2

David has made some big changes in his life. He moved and will also be starting a new school in a few weeks. He is very nervous about school.

David recognizes that all these changes may cause stress. He also knows there are ways to reduce it. He wants to choose a way to reduce some of the stress he is feeling.

CASE #3

Amy's dad has decided to move out of the house for a few months. Amy is very unhappy about his decision. She is worried that she won't get to see her dad very much. She cries a lot of the time and doesn't seem to be able to pay attention in school. She knows that she needs to get some kind of help to start feeling better.

CASE #4

Chris wants to stop smoking. She knows there are many ways to quit and that she should choose the best way for her. She discusses the matter with a friend. They come up with several plans. Chris could stop smoking completely on a certain day or she could smoke a little less every day until she stops completely. She thinks about which approach would be easiest for her and talks to other people who have already quit smoking.

Chris decides to stop smoking gradually. At the start of every week she reduces the number of daily cigarettes she smokes by three. Unfortunately, Chris isn't too happy with her new plan because she has trouble keeping track of the number of cigarettes she smokes.

CASE #5

Heather's parents have agreed she can have some friends over while they are out for the evening. She thinks that a few kids may bring beer. She knows she has to decide whether to allow drinking at her house.

CASE # 6

Kim and Tony have arrived at his home. The phone rings, it is his parents. They inform him that they are going be about an hour late. Tony turns to Kim, snuggles close and says, "We have an entire hour with the house to ourselves . . . "

CASE #7

Shannon is visiting with a couple of new friends. Both of these friends are older than Shannon, and they seem "more mature." The subject of sex comes up and both of Shannon's friends begin to share their experiences. They ask about Shannon's sex life. Shannon is a virgin and is happy about that. Shannon wonders how best to express this and not seem immature.

FACTS OF LIFE FOR TEENAGERS

1. **F A C T** - Many teens choose not to have sexual intercourse.
2. **F A C T** - When young teens do have sex, many of them get pregnant.
3. **F A C T** - When young teens have sex, many of them get a sexually transmitted diseases (STD) including HIV infection and AIDS.
4. **F A C T** - When young teens get married because of pregnancy, they often end up getting divorced.
5. **F A C T** - When young teens become parents, they find it is much more difficult for them to continue their education.
6. **F A C T** - When young teens become parents, their babies may be more likely to have a serious health problem than other babies.
7. **F A C T** - When young teens become parents, they may earn less money than those who do not become young parents.
8. **F A C T** - There are many good reasons for teens to decide not to have sex. (Ask your parents for more reasons!)

BEHAVIORAL CONTRACT

Name Date

I agree to (specify behavior)

under the following circumstances (specify where, when, how much, etc.)

Substitute behavior and/or reinforcemernt schedule

ENVIRONMENTAL PLANNING

In order to help me do this, I am going to (1) arrange my physical and social environment by

and (2) control my internal environment (thoughts, images) by

REINFORCEMENTS

Reinforcements provided by me daily or weekly (if contract is kept)

Reinforcements provided by others daily or weekly (if contract is kept)

Social support: Behavior change is more likely to take place when other people in your life support you. During the quarter/semester, please meet with one other person at least three times to discuss your progress.

My "significant helper's" name is

This contract should include:

1. Baseline data (one week).
2. Well-defined goal.
3. Simple method for charting progress (diary, counters, charts, etc.).
4. Reinforcements—immediate and long-term.
5. Evaluation method—summary of experiences, success, and/or new learnings about self.

BEHAVIORAL CHANGE PROJECT

Name Period

Date contract reviewed

You are a VERY IMPORTANT PERSON and your help affects the way you look, feel, and act. You can control your life, you can make changes for the better if you want to.

Area of health behavior change

GOAL

I agree to

(Write specific behavior and the time to do it in)

REASONS

I want to change my behavior because

PLAN

In order to help me reach my goal, I will.

1.

2.

3.

4.

HELPER

My helper is

My helper will help me reach my goals by

REWARDS/PUNISHMENTS

If contract is kept

If contract is broken

Your signature Helper's signature

RESULTS

I feel this project

CATEGORICAL/CONTINUOUS THINKING EXERCISE SELF-ESTEEM

Purpose

The purpose of this exercise is to point out the tendency individuals have to think categorically about themselves when they make a mistake or judge their performance against others' performance. An introduction of the concept of judging effort as well as performance when determining self-worth is part of this exercise.

Method

1. Define continuous thinking: seeing things on a continuum.

   Use board or overhead to draw a continuum and rate a behavior like cooking from 1-10. Have students identify the number on the continuum they would rate themselves on cooking.

2. Explain that we have thousands of continuums to describe us. Some have low scores, some high. Have students do Exercise 1, Appendix page 21.

3. Explain that the purpose of the exercise they just did was to demonstrate that people are good at some things and not so good at others. A positive self-image (self-esteem) can be enhanced by viewing ourself on a continuum instead of "all or nothing." If a person rated him/herself at 7 in the area of cooking and then burned the dinner that night, the evaluation of part of his/her self-image would not go to zero but drop down on the continuum to maybe a four. It can go up again the next day or the next meal that is cooked well.

4. Emphasize that when we think categorically, we become zeros if we can't do something well or make a mistake. Categorical thinkers have a tendency to compare themselves to others; i.e., they are good at that and I am bad (no room for better or worse). This kind of thinking also leads to generalizing; i.e., "I failed a test, therefore, I am a zero; and I am a failure in life." Under stress, we go back to categorical thinking which brings on low self-esteem.

5. Another important thing to do to maintain self-esteem is to measure ourself and others with two kinds of continuums. The first exercise only "evaluated" performance; i.e., how

Categorical/Continuous Thinking Exercise SELF-ESTEEM (Cont.)

well we "do" something, our achievement in a certain area. This continuum can be called the A continuum for "achievement." A person should also evaluate the EFFORT that is made in different areas. We should rate ourself and others in the "effort" that is made on an E continuum.

6. Have students do Exercise 2, page 22, rating both achievement and effort in the same areas. Have them average the A and E score and see if that changes their score for that specific area on Exercise 1. Emphasize that effort does count, no one is perfect, and effort leads to improvement.

7. Use some of the following quotes along the way, or at the end to reinforce ideas:

   "What are you doing with your potential? . . . Some of us never see the vision of what we can become. Recognize your potential, develop a measure of self-discipline, organize your approach, and go out and work at it." — LaVell Edwards

   "The successful person has the habit of doing the things failures don't like to do. The successful ones don't necessarily like doing them either, but their disliking is subordinate by the strength of their purpose." — Albert E. M. Grey

   "Whatever you can do, or dream you can, begin it. Boldness has genius, power, and magic in it." — Goethe

   "Finish each day and be done with it. You have done what you could; Some blunders and absurdities no doubt crept in; Forget them as soon as you can. Tomorrow is a new day; you shall begin it well and serenely. — Ralph Waldo Emerson

MATERIALS

Exercise 1 and 2 work sheets.

Quotes on overlays, posters, board, etc.

Chalk and board, or overhead and transparencies.

Categorical/Continuous Thinking Exercise SELF-ESTEEM (Cont.)

EXERCISE 1

The way a person sees him/herself; i.e., self-image, can be partially determined by whether he/she is a categorical or continuous thinker. It is more effective to be a continuous thinker in order to maintain a positive self-image.

RATE YOURSELF IN THE FOLLOWING AREAS ON A SCALE OF 1-10. A score of 10 would be perfection, a score of 1 would be an extreme inability. IF THERE IS AN AREA THAT DOESN'T APPLY, DON'T RATE IT. (Example: If you have never played the piano, don't score #4.)

1. Cooking
2. Succeeding in school
3. Being a good friend
4. Playing the piano
5. Listening to others
6. Playing basketball
7. Caring for others
8. Using computers
9. Looking neat and clean
10. Reading
11. Being happy/smiling
12. Swimming
13. Having a positive attitude
14. Making new friends
15. Dealing with problems

TOTAL SCORE

DIVIDE BY THE TOTAL AREAS YOU SCORED (i.e., if you answered all, divide by 15), THE RESULT IS YOUR AVERAGE SCORE. ____

Realize if you are a continuous thinker there will be changes daily in your ratings of these areas. The average will stay fairly constant if you are not working on improving your abilities in any of these areas.

Categorical/Continuous Thinking Exercise SELF-ESTEEM (Cont.)

EXERCISE 2

RATE YOURSELF IN THE FOLLOWING AREAS ON A SCALE OF 1-10 ON BOTH ACHIEVEMENT (A) (performance), AND EFFORT (E). A score of 10 would be perfection in performance on the A continuum and 100% effort on the E continuum. A score of 1 would be an extreme inability on the A continuum and almost zero on the E continuum.

IF THERE IS AN AREA THAT DOESN'T APPLY, DON'T RATE IT. (Example: If you have never played the piano, don't score #4.).

	A - Achievement	E-Effort	Average
1. Cooking			
2. Succeeding in school			
3. Being a good friend			
4. Playing the piano			
5. Listening to others			
6. Playing basketball			
7. Caring for others			
8. Using computers			
9. Looking neat and clean			
10. Reading			
11. Being happy/smiling			
12. Swimming			
13. Having a positive attitude			
14. Making new friends			
15. Dealing with problems			

SELF-EFFICACY QUESTIONNAIRE

Try to imagine yourself in one of the following situations and assess whether you think you can do the behavior. If you think you can, put a YES; if not, put a NO. Then rate your confidence level from 10 to 100 on the appropriate line.

CONFIDENCE SCALE:

Quite Certain
10 20 30

Moderately Certain
40 50 60 70

Absolutely Certain
80 90 100

Example:	**CAN DO**	**Confidence**
I can lift a 1 pound box	Yes	
I can lift a 100 pound box	Yes	
I can lift a 1000 pound box	No	

CONFIDENCE	**DOES NOT APPLY**	**CAN DO**
1. Can pass all my classes this semester.		
2. Can be nice to my siblings for a week.		
3. Can run for a school office and win.		
4. Can say "Hi" to two new people each week.		
5. Can save $10 a month.		
6. Can say NO to alcohol and drugs.		
7. Can ask a person to stop smoking in a non-smoking area.		
8. Can talk on the phone to a person I admire a lot and want to date.		
9. Can apply for a job at McDonalds.		
10. Can abstain from premarital sex.		
11. Can share my deepest emotions with my parents.		
12. Can graduate from high school.		
13. Can resist persuasion from my friends to sluff class.		
14. Can stop my dating partner from engaging in petting.		
15. Can ask someone out on a date.		
16 Can build trust in a relationship.		

FETAL DEVELOPMENT

First Trimester (1-13 Weeks)

Approximate Age	Length/Weight*	Formation Occurs — Events
8 days	grain of sand	•embryo implants
23 days	3-4 mm	•heart begins to beat
28 days	4-5 mm	•appearance of limb buds
30 days	1/4 inch	•formation of facial features
6 weeks		•outline of fingers •movement of body parts
7 weeks	1 inch	•skeleton takes form •formation of external genetalia
10-12 weeks	3 inches, 1 ounce	•now called a fetus •toenails and fingernails formed •internal organs begin limited functioning •features easily identified •sensitive to stimulus

Second Trimester (14-26 Weeks)

Approximate Age	Length/Weight*	Length Increases — Events
14 weeks	4-5 inches	•growth continues •fetus skin is covered with fine hair
16-17 weeks	6 inches	•fetal movement can be felt
22-24 weeks	12 inches, 1 pound	•hearing developed •hair appears •subcutaneous fat develops
25-26 weeks	14 inches, 2 lbs.	•eyes open •fetus sleeps and wakes •is sensitive to light •survival possible (but not likely) outside the uterus

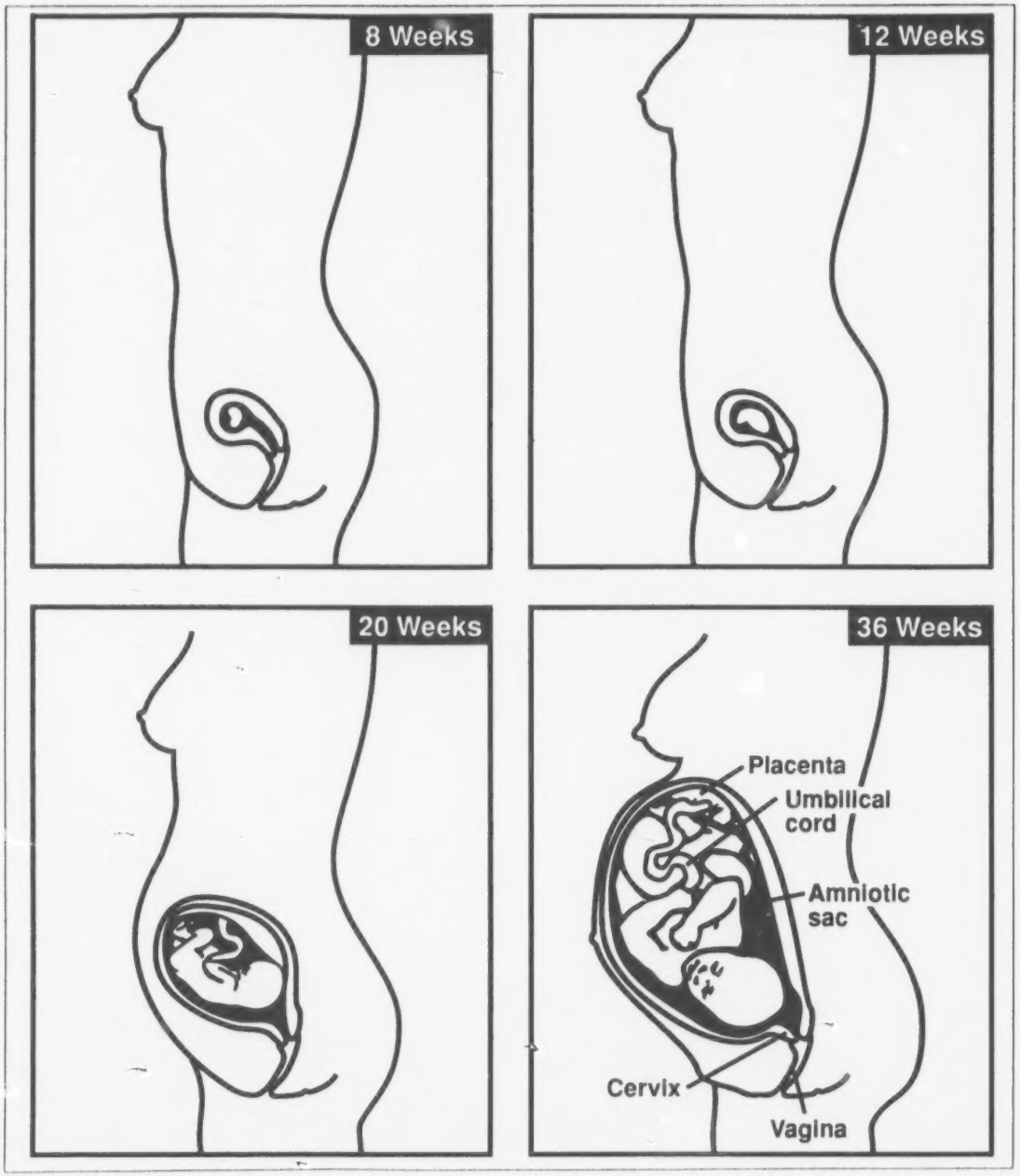
Third Trimester (27-40 Weeks)

Weight & Bulk Increase

Approximate Age	Length/Weight*	Events
28 weeks	2.25 lbs.	• fetus recognizes voices and is able to learn
32 weeks	4 lbs. - 5 lbs. 14 inches	• steady growth • fetus gains approximately 1/2 lb. each week
37 weeks	6 - 7 lbs.	• growth continues • skin becomes smooth • fetus moves into position for birth • all births prior to this time considered premature
40 weeks	20-21 inches 7-8 lbs.	• full-term pregnancy

* These figures represent average baby size and weight.

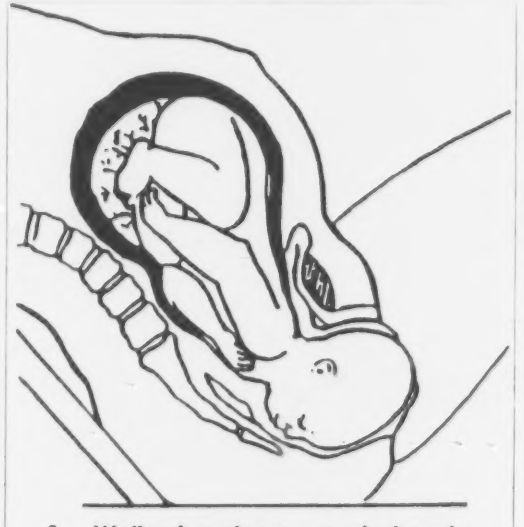
PREGNANCY


8 Weeks
12 Weeks
20 Weeks
36 Weeks
Placenta
Umbilical cord
Amniotic sac
Cervix
Vagina

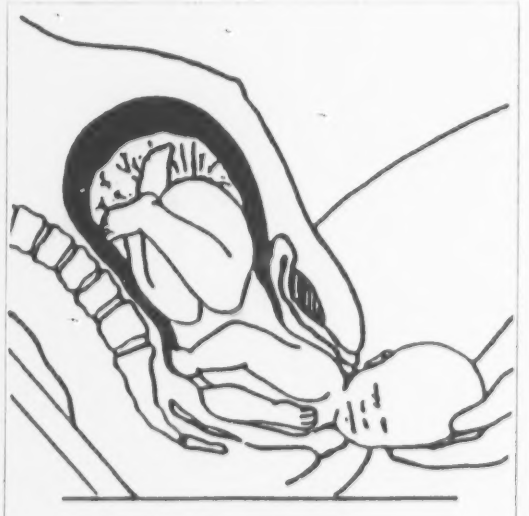
THE STAGES OF LABOR

1. Muscles of uterus begin to contract

2. Cervix opens, vagina stretches.



3. Walls of vagina expand – head begins to emerge



4. Baby emerges.

THE FACTS

PREGNANCY, PARENTHOOD, AND TEENAGE SEXUALITY

FOR PARENTS AND TEACHERS ONLY — NOT FOR CLASS DISCUSSION

SEXUAL ACTIVITY

- In the United States today, 11.6 million teenagers between 13 and 19 years of age have had sexual intercourse; 5 million females — 7 of every 10 by age 20; 6.5 million males — 8 of every 10 by age 20.
- The average age for a woman to have intercourse for the first time is 16.2 years; for a man, 15.7 years.
- From 1982-1988, the percentage of 15-19 year-old females who had premarital sexual intercourse increased from 43% to 51%.

PREGNANCY

- More than one million teenage girls become pregnant in the United States each year; 84% of these pregnancies are unintended.
- Four of every 10 females become pregnant before they turn 20 years of age. More than 1 in every 10 teenage women get pregnant each year.
- Among all teens, ages 15-19, the pregnancy rate per thousand girls was 110 in 1985, up 95 per thousand from 1972. The pregnancy rate among sexually active teens, however, has fallen from 264 per thousand in 1970 to 233 per thousand in 1984. (This is probably due to increased utilization of family planning services.)
- Pregnancy rates among 15-17 year-olds in Utah have recently increased, after declining during the early 1980s.
- An average of 4.36 pregnancies occurred to 15-17 year-olds in Utah every day in 1988.
- In 1988 in Utah, 63 girls under the age of 15 became pregnant.
- In 1990, 4,514 adolescent females ages 15-19 were pregnant in Utah.

RESOLUTION OF PREGNANCY

BIRTHS

- In 1987, the U. S. birth rate for white 15-19 year-olds was 41.9. The Utah birth rate for the same population was 46.6.
- In 1987, teens ages 15-19 gave birth to 472,623 babies in the United States; 2% of these were to teens ages 14 or younger, 37%

were to 15-17 year-olds, and 61% were to 18-19 year-olds.

- In Utah in 1988, teens ages 15-19 gave birth to 3,321 babies.
- In 1989 teens ages 15-19 gave birth to 3,492 babies. This is an increase of 3.1%.
- In 1988 (118) 10% of teenage mothers, 15-17 years of age, gave birth to their second baby.
- The proportion of births to unmarried teens in Utah increased from 28% to 56% between 1975 and 1987.

ADOPTION

- Teenagers are highly unlikely to put their babies up for adoption. Only 4 percent of unmarried teen mothers put their babies up for adoption.

ABORTIONS

- Approximately 13% of all teenage pregnancies end in miscarriages or stillbirths.
- In Utah in 1988, 24% of all teenagers chose to terminate their pregnancies.
- In Utah in 1989, 1,022 teenage pregnancies ended with induced abortions.
- Abortions to teens ages 15-19 accounted for one-quarter of the abortions performed in the United States. Whereas abortions to teens ages 14 or younger comprise only 1% of all abortions performed in this country.
- 42% of adolescent pregnancies end in abortions.

IMPACT OF TEEN CHILDBEARING

HEALTH

- Mothers under 18 years of age suffer higher than average levels of toxemia, anemia, bleeding, cervical trauma, and premature delivery.
- Mothers under 18 years of age are more likely to give birth to low birthweight babies.
- Teenagers are particularly susceptible to complications during childbirth. These could be lessened if they sought adequate prenatal care, but they do not; 46% of teen mothers do not receive prenatal care during their first trimester, 9% do not receive care until their third trimester, and 4% do not receive prenatal care at all.
- For teenagers under the age of 15,

the maternal mortality rate is 60% greater than for women in their 20s.

EDUCATION

- The number of females who do not complete high school: Only 7.9% of high school females (who do not marry or have a child) drop out; 25% of unmarried mothers drop out; 75% of high school females who both marry and have a child drop out.
- At least 40,000 teenage girls drop out of school each year because of pregnancy.
- Only 39% of teen fathers receive high school certification by age 20. Males who father children as teens are only half as likely to complete college as their peers who delayed fatherhood.
- In a survey of women who dropped out of high school, 31% cited marriage or plans to marry as their reason and 23% cited pregnancy.

COSTS OF TEENAGE CHILDBEARING

- In 1988, the United States spent nearly $20 billion on families that were begun when the mother was a teenager.
- In 1988, over 50% of the $19.8 billion Aid to Families With Dependent Children (AFDC) budget was spent on payments to families in which the woman had given birth as a teenager.
- 70% of families maintained by women under age 25 were living below the poverty level in 1987.
- The National Research Council suggests that it costs $18,130 a year to support a 15 year-old and her baby.

CONTRACEPTIVE USE

- Only 1 in 7 teen women attending a family planning clinic do so before initiating sexual intercourse—and most delay their visits to a clinic for an average of 11.5 months after their first time of having intercourse.
- Of unmarried sexually active women ages 15-19; 27% had never used any

method of birth control; 39% had used a method, but not every time; and 34% had used a method consistently.

- Of those teen women ages 15-19 who use contraception, 72% use the pill; 22% use condoms; and 14% use other methods: foams, suppositories, periodic abstinence, or withdrawal.

Sources:

National Statistics
Center for Population Options Fact Sheets

Utah Statistics
Utah Department of Health
Bureau of Vital Statistics

TERMS

Sexual Abuse

Any sexual contact or activity between a child and an adult. A broad term which includes the categories of incest, pedophilia, exhibitionism, rape, child pornography, and child prostitution.

Incest

Any physical sexual activity between family members. The term "family" is used to describe living arrangements of involved persons, blood relationships is not required. Stepfathers, stepmothers, and nonrelated siblings living together as well as relatives not living with the child are included in the definition.

Pedophilia

Literally "love of child." The preference of an adult for pre-pubertal children as a means of achieving sexual excitement.

Rape

Sexual intercourse or attempted intercourse without consent of the victim. Children under the age of 6 months have been objects of rape but the majority of victims are 5 years of age or older. Both males and females can be victims of rape.

Statutory rape

Sexual intercourse with a child of either sex who is below the age of legal consent. Statutory rape does not involve force, it is usually the result of manipulation, bribery, persuasion, or seduction.

Acquaintance or date rape

Any forced, tricked, or manipulated sexual intercourse by someone the victim is dating or boy/girl friend. This is a form of abuse that occurs frequently among adolescents. It may involve verbal manipulation by the offender based on the victim's lack of information about sexuality and his/her rights in a dating situation.

Child pornography

Arranging, photographing by still, video, or film production of any material involving minors in sexual acts (regardless of consent given by the child's legal guardian) and the distribution or exhibition of such material in any form with or without profit. A supreme court decision of 1982 held that all materials depicting sexual activities involving minors are unlawful.

Prostitution

Engaging in sex acts for profit, generally with frequently changing partners.

RESOURCES

Statewide 24-hour hotline (toll free) 1-800 678-9399

Utah State government
Department of Human Services

FOR REPORTING OF CHILD ABUSE AND NEGLECT

- Salt Lake County - 24 hour
  487-9811
  2835 South Main Street
  South Salt Lake
- Davis County - 24 hour
  544-1298
  1250 East 1450 South
  Clearfield
- Tooele County
  882-5600
  305 North Main
  Tooele
- Ogden - 24 hour
  626-3506

MYTHS AND FACTS ABOUT RAPE

One of the more common myths about rape is that it is an impulsive act of passion, that men and women cannot control their sex drives. The fact is that rapists do not see rape as uncontrollable sexual behavior. The motive for rape is not sexual pleasure; it is power. Rape is a sexual aggression committed under force or the threat of force.

Another common myth is that victims of rape somehow "deserve" to be raped; that their dress, personal appearance, or the setting can provoke a sexual assault. It is important to keep in mind that the responsibility for a criminal assault belongs to the assailant, not the victim. No healthy individual desires to be personally violated. No style of dress or social setting gives anyone the right to assault another person.

The majority of rape victims are not beaten, mutilated, or murdered. Often a knife, gun, or physical/verbal threat is utilized to gain control over the victim.

Most victims know the rapist, have been acquainted, or at least have seen each other. In approximately 90-95% of reported rape cases, the rapist and the victim are of the same race.

The incidence of date rape is increasing. Many experts feel that date rape may be the most common crime occurring on college campuses.

Rape victims experience intense psychological and physical trauma. Rape is a violent and intimate invasion of a person's integrity. Blaming the victim serves to justify the rapist's acts. Providing a supportive environment, without judgment, will help to ease the trauma of rape for the victim and ensure that proper help is sought.

SIGNS OF ABUSE

If teachers are alert to the signs and symptoms which point to the possibility of neglect or abuse, they can take the first step to bring help to children whose needs are not being met at home. That first step is to invoke the community's child protective services on behalf of the troubled child. This is usually done through an official report.

The Child Protective Services program is charged with the responsibility for bringing services to neglected and abused children and their neglecting parents. It is a nonpunitive, helping, skilled social service. Its focus is on seeking to stabilize family life, on enhancing parental capacity for good child care, and on maintaining the family structure where possible.

Teachers come into frequent contact with children who are physically or emotionally neglected or who are victims of physical or sexual abuse. Such troubled children may be found in families at any economic or social level in the community. The common underlying factors can be emotional immaturity of parents, marital friction, alcoholism, drug use, emotional disturbance, or severe stress. These are families with problems and, often, families in crisis.

If children are identified when they show the earliest signs of abuse or neglect, help can be made available at a stage when their problems can be more readily resolved. Too often referrals to protective services are not made until the conditions of neglect or abuse become acute and intolerable. Such referrals may come too late to salvage the home.

SIGNS OF ABUSE (continued)

Here are some of the things to look for:

Physical Indicators of Sexual Abuse

- Torn, stained, or bloody underclothing.
- Pain or itching in genital area.
- Difficulty walking or sitting.
- Bruises or bleeding in external genitalia.
- Frequent urinary or yeast infections.

Behavioral Indicators of Sexual Abuse

- Withdrawal, chronic depression.
- Excessive seductiveness.
- Role reversal, overly concerned for siblings.
- Poor self-esteem, self-devaluation, lack of confidence.
- Peer problems, lack of involvement.
- Massive weight change.
- Suicide attempts (especially adolescents).
- Hysteria, lack of emotional control.
- Sudden school difficulties.
- Inappropriate sex play or premature understanding of sex.
- Threatened by physical contact, or closeness.

UTAH LAW

Teachers, as well as parents, should be aware of state and local district policies relating to human sexuality education. The following state laws and guidelines provide the framework for providing human sexuality education.

Utah law states that school personnel who have "reasonable cause to believe" that a child is being abused or neglected must report that suspicion to the Child Protective Services.

Identifying the sexually abused child is difficult. Remember, you do not have to prove that sexual abuse is occurring. Reporting is a request for an investigation of a suspected case of abuse. An educator who reports in good faith is immune from liability.

UTAH CODE

The following are Utah laws regarding reporting of suspected abuse.

62A-4-503. Reporting requirements.

(1) Whenever any person including, but not limited to, persons licensed under the Medical Practice Act or the Nurse Practice Act, has reason to believe that a child has been subjected to incest, molestation, sexual exploitation, sexual abuse, physical abuse, or neglect, or who observes a child being subjected to conditions or circumstances which would reasonably result in sexual abuse, physical abuse, or neglect, he shall immediately notify the nearest peace officer, law enforcement agency, or office of the division . . .

62A-4-510. Immunity from liability. Any person, official, or institution participating in good faith in making a report, taking photographs or X-rays, or taking a child into protective custody pursuant to this part, is immune from any liability, civil or criminal, that otherwise might result by reason of those actions. (1988)

62A-4-511. Failure to report - Criminal Penalty.

Any person, official, or institution required to report a case of suspected child abuse, neglect, fetal alcohol syndrome, or fetal drug dependency, who willfully fails to do so is guilty of a class B misdemeanor... (1990)

POLICIES AND STATE LAWS CONCERNING HUMAN SEXUALITY EDUCATION

The teaching of morality in the public schools is mandated under state law. Instruction about human sexuality must promote:

The following is the Utah Law regarding offenses against the Family.

76-7-104. Fornication.

(1) Any unmarried person who shall voluntarily engage in sexual intercourse with another is guilty of fornication.

(2) Fornication is a class B misdemeanor.

The following is the Utah Law regarding morality.

53A-13-101(4).

Honesty, temperance, morality, courtesy, obedience to law, respect for and an understanding of the constitutions of the United States and the State of Utah, the essentials and benefits of the free enterprise system, respect for parents and home, and the dignity and necessity of honest labor and other skills, habits, and qualities of character which will promote an upright and desirable citizenry and better prepare students for a richer, happier life shall be taught in connection with regular school work. This law was interpreted by the Attorney General to mean:

"Because the law mandates the teaching of morality, and mandates the obedience to law[s] . . . prohibiting such things as lewdness, sodomy, obscenity, and contributing to the delinquency of minors; and mandates teaching which will prepare youth for a richer, happier life, it is my opinion, that it is clearly appropriate that the public schools teach chastity to their students. Certainly nothing should be done or condoned by teachers or administrators which would teach, promote, or condone immorality or unchastity."

(Robert B. Hansen, Attorney General, November, 1978)

The following is the Utah Law regarding abortion.

76-7-321 and 322

As used in this act [Sections 76-7-321 to 76-7-324]:

(1) "Abortion Services" means any material, program, plan, or undertaking which seeks to promote abortion, encourages individuals to obtain an abortion, or provides abortions.

(2) "Contraceptive services" means any material, program, plan, or undertaking that is used for instruction on the use of birth control devices and substances, encourages individuals, to

use birth control methods, or provides birth control devices.

(3) "Funds" means any money, supply, material, building, or project provided by this state or its political subdivisions.

(4) "Minor" means any person under the age of 18 who is not otherwise emancipated, married, or a member of the armed forces of the United States.

76-7-322 Public funds for provision of contraceptive or abortion services restricted.

No funds of the state or its political subdivisions shall be used to provide contraceptive or abortion services to an unmarried minor without the proper written consent of the minor's parent or guardian.

At each level (elementary, middle/junior high, and high school) the program must have the informed cooperation of the parents or guardians. In order to demonstrate this cooperative effort, the district must provide the patron community with opportunities for involvement with an understanding of the content and materials of the curriculum and the processes to be used to teach the curriculum.

Teachers must be aware that state law requires prior written parental consent before including any aspect of contraception in the curriculum.

Parents should be informed that on occasion, an educator may be faced with spontaneous comments or questions from students about matters which are normally subject to parental consent requirements under this policy. In some cases, failure to respond to such a comment or question could lead students to believe that the educator tacitly agrees with the views expressed, thereby lending the educator's unwilling support to what could well be an erroneous or dangerous practice or belief. In order to avoid such outcomes, an educator may respond to a student's comment or question regarding contraceptive devices or substances, even though a parental permission slip is not

Policies and State Laws Concerning Human Sexuality Education (continued)

If parents have concerns with any portion of the human sexuality component of the healthy lifestyles curriculum, they have the right to have their child excluded from any part of the instruction. Schools should provide a means of accommodating the needs of parents who wish to exclude their child from this instruction.

on file. **An educator may not intentionally elicit comments or questions about matters subject to parental consent requirements under this policy. Responses permitted under this section must be brief, factual, objective, and in harmony with content requirements of this policy regarding the importance of marriage and the family, abstinence from sexual activity before marriage, and fidelity after marriage. Responses must be appropriate to the age and maturity of the students involved, and limited in scope to that reasonably necessary under the circumstances.** Students shall then be referred to their parents for further information. A response made in compliance with the requirements of this section shall not be considered a violation of policy.

Districts must develop a process for implementing parental or guardian review prior to instruction of the human sexuality standards and objectives.

School systems should make programs available that will enable and encourage young people who have not engaged in sexual intercourse to continue to:

> Abstain from sexual intercourse until they are ready to establish a mutually monogamous relationship within the context of marriage.

For young people who have engaged in sexual intimacies, school programs should be aimed at helping:

> Youth involved in sexual relations to stop engaging in sexual intercourse until they are ready to establish a mutually monogamous relationship within the context of marriage.

Caution should be used by teachers to focus on dealing with and allaying student fears and misconceptions. The curriculum should present factual, straight forward information for students. The State Board has adopted the State Textbook Commission Guidelines. The following may not be taught:

1. The intricacies of intercourse, sexual stimulation, erotic behavior, etc.
2. The acceptance of or advocacy of homosexuality as a desirable or acceptable sexual adjustment or lifestyle.
3. The advocacy or encouragement of contraceptive methods or devices by unmarried minors.
4. The acceptance of or advocacy of "free sex," promiscuity, or so-called "new morality."

GLOSSARY

Abortion: The spontaneous or medically induced removal of the contents of the uterus during pregnancy.

Abstinence: Not engaging in sexual intercourse.

Adolescence: The period of life between the onset of puberty and the cessation of major body growth changes.

Androgen: A class of hormones that promotes the development of male genitals and secondary sex characteristics and influences sexual motivation in both sexes. It is produced by the adrenal glands in males and females and by the testes in males.

Areola: The darkened circular area surrounding the nipple of the breast.

Bartholin's glands: Two small glands slightly inside the vaginal opening which secrete drops of lubricating fluid.

Bisexual: A person who feels sexual attraction to or has sexual contact with both sexes.

Caesarean section: A childbirth procedure whereby the infant is removed through an incision in the abdomen and uterus.

Cervix: The small end of the uterus which is located at the back of the vagina.

Clitoral hood: The skin that covers the clitoris.

Clitoris: A highly sensitive structure of the female external genitals.

Coitus: A term for sexual intercourse.

Contraception: Techniques, drugs, or devices to prevent conception.

Cowper's glands: Two pea-sized glands located in the male at the base of the urethra that secrete an alkaline fluid that neutralizes the acidic environnment of the urethra and also acts as a lubricant.

Ectopic pregnancy: A fertilized ovum that implants in a location other than the uterus, usually in the fallopian tubes.

Ejaculation: The process whereby semen is expelled out of the body through the penis.

Emission phase: The first stage of male orgasm in which the seminal fluid is gathered in the urethral bulb, and small drops of fluid containing some sperm enter the urethra.

Endocrine system: A system of ductless glands that produce hormones and secrete them directly into the bloodstream.

Endometrium: The tissue that lines the inside of the uterine walls.

Epididymis: The structure along the back of each testicle where sperm maturation occurs.

Episiotomy: An incision in the perineum that is sometimes made during childbirth.

Erection: The process of the penis and clitoris engorging with blood and increasing in size.

Estrogen: A class of hormones that produces female secondary sex characteristics and affects the menstrual cycle. Also found in lesser amounts in males.

Fallopian tubes: Two tubes that extend from near each ovary and connect to the uterus. The eggs travel through these tubes and fertilization usually takes place here.

Fimbriae: Fringe-like ends of the fallopian tubes into which the released ovum enters.

First-stage labor: The initial stage of childbirth in which regular contractions begin and the cervix dilates.

Follicle-stimulating hormone (FSH): A pituitary hormone secreted by a female during the secretory phase of the menstrual cycle. It stimulates the development of ovarian follicles. In males, it stimulates sperm production.

Foreskin: A covering of skin over the penile or clitoral glans.

Frenulum: A highly sensitive, thin fold of skin that connects the foreskin with the underside of the penile glans.

Gender identity: How one psychologically perceives oneself as either male or female.

Genitals: The sexual organs of males and females.

Glans: The head of the penis or clitoris; containing many nerve endings.

Gynecology: The medical practice specializing in women's health and diseases of the reproductive and sexual organs.

Heterosexual: A person whose primary social, emotional, and sexual orientation is towards members of the opposite sex.

Homosexual person: A person whose primary social, emotional, and sexual orientation is towards members of the same sex.

Hormones: Chemical substances produced by endocrine glands that affect the functioning of other organs.

Hymen: Tissue that partially covers the vaginal opening.

Hypothalamus: A portion of the brain that regulates several body processes.

Hysterectomy: Surgical removal of the uterus.

Incest: Sexual interaction between close relatives other than husband and wife.

Inguinal canal: The canal through which the testes travel during fetal development from inside the abdomen to the scrotum.

Labia majora: The outer lips of the vulva on both sides of the vaginal opening.

Labia minora: The inner lips of the vulva.

Lesbian: A woman whose primary social, emotional, and sexual attraction is towards members of the same sex.

Luteinizing hormone (LH): The hormone secreted by the pituitary gland that stimulates ovulation in the female. In males, it is called (ICSH) Interstitual Cell Stimulating Hormone, and it stimulates production of androgens by the testes.

Menarche: The initial onset of menstrual periods in a young woman.

Menopause: Cessation of menstruation due to the aging process or surgical removal of the ovaries.

Menstruation: Built-up uterine lining that is sloughed off the walls of the uterus and is discharged through the vaginal opening.

Miscarriage: The spontaneous premature termination of a pregnancy. Also known as a spontaneous abortion.

Nocturnal emission: Involuntary ejaculation during sleep, also known as a "wet dream" - occurs in males.

Nocturnal orgasm: Similar to nocturnal emissions but occurs in females without any ejaculation.

Orgasm: A series of muscular contractions of the pelvic floor muscles occuring at the peak of sexual arousal.

Ovaries: Two female sex glands that produce ova and sex hormones.

Ovulation: The release of a mature ovum from the Graafian follicle of the ovary.

Ovum: The female reproductive cell.

Penis: A male sexual organ consisting of the internal root, external shaft, and glans.

Perineum: The area between the vagina and anus of the female and the scrotum and anus of the male.

Pituitary gland: A gland located in the brain that secretes hormones which influence the activity of other glands.

Placenta: A disc-shaped organ attached to the uterine wall and connected to the fetus by the umbilical cord. Nutrients, oxygen, and waste products pass between mother and fetus through its cell walls.

Pornography: Visual and written materials of a sexual nature for purposes of sexual arousal.

Premarital Sex: A term commonly used to categorize coitus that occurs before marriage.

Progesterone: The hormone produced by the corpus luteum of the ovary that causes the uterine lining to thicken.

Prostate gland: A gland located at the base of the bladder that produces the greatest portion of the volume of seminal fluid released during ejaculation.

Puberty: The stage of life between childhood and adulthood during which the reproductive organs mature.

Rape: Sexual intercourse that occurs without consent under actual or threatened force.

Rape trauma syndrome: The emotional difficulties women may experience after they have been raped.

Scrotum: The pouch of skin of the external male genitals that encloses the testicles.

Secondary sex characteristics: The physical characteristics other than genitals that indicate sexual maturity, such as body hair, breasts, and deepened voice.

Second-stage labor: The middle stage of labor in which the infant descends through the vaginal canal.

Semen: A viscous fluid ejaculated through the penis that contains sperm and fluids from the prostate, seminal vesicles, and Cowper's glands.

Seminal vesicles: Two small glands adjacent to the terminals of the vas deferens that secrete an alkaline fluid conducive to sperm motility.

Seminiferous tubules: Thin, coiled structures in the testes in which sperm are produced.

Smegma: A cheesy substance of glandular secretions and skin cells that sometimes accumulates under the foreskin of the penis or hood of the clitoris.

Spermatic cord: A cord attached to the testicle that contains the vas deferens, blood vessels, nerves, and cremasteric muscle fibers.

Spermatogenesis: Sperm production.

Spontaneous abortion: Commonly called a miscarriage, the fetus is expelled from the uterus early in pregnancy before it can survive on its own outside the uterus.

Statutory rape: Intercourse with a person under the legal age of consent.

Testicle: Male gonad inside the scrotum that produces sperm and sex hormones.

Testosterone: A major male hormone produced by the testes.

Third-stage labor: The last stage of childbirth in which the placenta separates from the uterine wall and comes out of the vagina.

Trimesters: Three-month segments dividing the nine months of pregnancy.

Urethra: The tube through which urine passes from the bladder to outside the body.

Uterus: A pear-shaped organ inside the female pelvis within which the fetus develops.

Urology: The medical speciality dealing with reproductive health, genital diseases of the male, and urinary tract diseases in both sexes.

Vagina: A stretchable canal in the female that opens at the vulva and extends into the pelvis.

Vas deferens: Two sperm-carrying tubes that begin at the testes and end at the urethra.

Vasectomy: Male sterilization procedure that involves removing a section from each vas deferens.

Virgin: Someone (male or female) who has never engaged in sexual intercourse.

Vulva: The external genitals of the female, including the mons veneris, labia majora, labia minora, clitoris, and urinary and vaginal openings.

Zygote: The single cell resulting from the united sperm and egg cells.

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